

**Patient records**

Name, First name	
Date of birth	
Address	
Diagnosis	
Epic/Methylation analysis was done (please enter sentrix ID)?  Mutation analysis was done?	
Localisation	
Copy of the report is attached	yes no follows
Attending physician/Recipient of report (name of physician, hospital and department, address, fax number, E-Mail)	
Sender Institution: Return to?	

Letter of referral attached	yes no → please enter invoice recipient
Invoice recipient (name and address; at hospital: name, clinic and department, address)	
Material	attached follow
Type of material	FFPE-Block                      Number: Stained sections                      Number: Unstained sections                      Number: Blood              DNA              RNA Fresh frozen tissue
External ID	
Desired analysis (The presence of consent is required)	Histology Epic-Array Panel-Sequencing Whole-Exome-Sequencing (WES) RNA-Sequencing cfDNA-Sequencing

Please note: The sending/return of tumor material outside of the EU/by courier must be organized and financed by the sender with FedEx/DHL