Patient records		
Name, First name		
Date of birth		
Address		
Diagnose		
850k/Methylation analysis was done (please enter sentrix ID)?		
Mutation analysis was done?		
Localisation		
Cope of the report is attached	yes no follows	
Attending physician/Recipient of report (name of physician, hospital and department, address, fax number, E-Mail)		
Pathology from which the material was sent: 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
	Fresh frozen tissue DNA RNA
External ID	
Desired analysis (The presence of consent is required)	Histology
(The presence of consent is required)	850k
	Panel-Sequencing ☐ Whole-Exome-Sequencing (WES) ☐
	RNA-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