



BARCODE:
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Form instruction: Ordering physician to complete the form

<b>Test:</b>		
<input type="checkbox"/> KRAS-NRAS Test <input type="checkbox"/> BRAF Test		
<b>Section 1. Patient information</b>		
Name:	Address:	Phone: Landline: Mobile:
Sender (if different from the patient):		Date of Birth:
		<input type="checkbox"/> Male <input type="checkbox"/> Female
		Father's name:
		ID Number:
<b>Section 2. Sample information</b>	<b>Section 3. Clinical / Histological data</b>	<b>Section 4. Comments</b>
A. The sample that was sent to Genekor is:  <input type="checkbox"/> Paraffin block. ID: _____  <input type="checkbox"/> Paraffin slides. ID _____  <input type="checkbox"/> Other _____  B. Date of sampling:  _____	Clinical / Histological diagnosis:	
<b>Section 5. Physician's information – Results will be sent ONLY to all reported physicians:</b>		
Physician:	Send copy to:	
Name: _____	Name: _____	
Phone: _____	Phone _____	
Specialty: _____	Specialty: _____	
Hospital: _____	Hospital: _____	
Address	Address	
EMAIL: _____	EMAIL: _____	
Fax: _____	Fax: _____	

I hereby authorize the laboratory where the specimen of the patient is prepared and IPS Genomix s.a.l. (Offshore) ("IPS") to coordinate the pick-up, couriating, and delivery of the specimen through the courier company the laboratory and IPS is dealing with. I also agree on Courier's Terms and Conditions and authorize the courier company to pick-up the above specimen from the laboratory or hospital where the tissue sample of the patient is.  
I further authorize the testing center mentioned above to perform the requested test on the specimen and to send the results to me and to the physician whose name appears on this form.

<b>Signature &amp; Stamp:</b>
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