Quantitative Genomic Medicine Laboratories, SL
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SERVICE REQUEST FORM

Petitioner information

Name	Family name	Date

Department	Institute/Hospital

Address	City	Province/State

Zip code	Phone number	e-mail

Patient and sample information

Sample ID / Patient's name & surname		Family relationship	Gender	Gametes
		☐ Patient	☐ Male	☐ Donor
Birth date	Clinical history #	☐ Mother	☐ Female	☐ Recipient
		☐ Father	☐ Unknown	
Patient's e-mail		☐ Other (specify)		

Invoicing information

Institute/Hospital/Company	Authorized person

Address	Company VAT Number (EU) / Tax-ID (non-EU)
Proforma invoice #	
	Authorized signature

Information about biological sample submitted

- ☐ Peripheral blood
- ☐ Amniotic fluid (uncultured)
- ☐ Amniotic fluid (cultured)
- ☐ Corion biopsy
- ☐ DNA (5ug - specify tissue of origin)
- ☐ Lymphoblastoid cell line
- ☐ Biopsy / products of conception
- ☐ FPPE embedded tissue
- ☐ Other (specify)

Information about DNA

Sample extraction date	Extraction date	Extraction method

Microarrays

qChip Pre	qChip Post	qChip PdC	qChip 4x180K
qChip 2x400K	qChip 1x1M	Affy HD 750K (SNPs)	Affy HD 2.1M (SNPs)
A medida			

Next generation sequencing for rare diseases

qGenEx Basic	qGenEx Research	qGenEx Complete	qGenEx Trio
qGenEx Somatic Mutations			
qGen Clinical Exome Basic	qGen Clinical Exome	qGen Clinical Exome Complete	qGen Clinical Exome Trio

Next generation sequencing for cancer

qCancer Risk	qCancer Risk Expanded	qCancer BRCAs	qCancer Colorrectal
qCancer Gine	qCancer Mama	qCancer Somatic	

Next generation sequencing panels

	qGenEx	qGen Clinical		qGenEx	qGen Clinical
Skeletal abnormalities			Hypogonadotropic hypogonadism		
Ciliopathy disorders			Paediatric disorders		
Hearing impairment (deafness)			Primary immunodeficiencies		
Intellectual disability			Myopathies		
Cardiovascular diseases			Neuropathies		
Craneofacial abnormalities			Sex development disorders		
Skin disorders			Metabolic disorders		
Vision impairment			Movement disorders		
Mitochondrial disorders			Iron metabolism disorders		
Renal disorders			Haemathological disorders		
Epilepsy			Extension to whole exome		
Custom 5			Custom 10		
Custom 50			Custom 250		
Custom 500			Custom 1000		

Reproductive genetics

qCarrier® Plus	qCarrier® Plus Pareja	qCarrier® Plus Ext. Compat.	qCarrier® Auto
qCarrier® Auto Ext. Compat.	qMatching®	qMicrobiome	PGT-A
ER-MAP	IM-MAP		
TPNI - Veracity Basic	TPNI - Veracity Plus	TPNI - Veracity Excellence	TPNI - Veragene

Other NGS & complementary analyses

qGenome	total RNAseq	qTranscriptome (mRNA seq)	3'-quantSEQ
Data reanalysis	Bioinformatic and biostatistical data analysis		

Other molecular tests and Counseling

qCell Identity	Sanger sequencing	Microsatellite analysis	MLPA / MS-MLPA
FISH	Cytogenetic karyotype	QF-PCR	qCOVID-NGS
Genetic Counseling	Medical Genetics Session		

Clinical information

Clinical suspicion or diagnostic

Clinical data, family history and other relevant information,

Legal terms and conditions

About this service request form: Please contact us before making the request so that we can advise you on the most appropriate type of test for your case.

Personal data protection and data processor contract: In accordance with Spanish Law 41/2002 regulating Patient Autonomy, Regulation 2016/679 of the European Parliament and of the Council, of April 27, 2016, regarding the protection of natural persons with regard to the treatment of personal data and the free movement of these data (hereinafter "General Data Protection Regulation" or "GDPR"), the SERVICE PETITIONER (hereinafter "PETITIONER") must have the patient's consent to carry out the tests requested in this form (hereinafter "Test") and for the processing of personal data necessary for the test. Carrying out the Test implies that QGENOMICS will access personal data on behalf of the PETITIONER, for which reason QGENOMICS will be considered the Person in Charge of the Treatment with respect to the PETITIONER, in accordance with article 28 of the GDPR, with the PETITIONER being the Person Responsible for the Treatment of the personal data obtained from the sample or patient. The PETITIONER, as Responsible for the Treatment, must comply with the legal obligations provided for in the GDPR, among which must address the rights of access, rectification, deletion, opposition, limitation of treatment, data portability and not to be subject to automated decisions, that interested parties can exercise.

On its part, QGENOMICS will adopt the necessary technical and organizational measures for the security of personal data and prevent its alteration, loss, treatment or unauthorized access, taking into account the state of technology, the nature of the data stored and the risks to which they are exposed, whether they come from human action or from the physical or natural environment.

QGENOMICS will assist the PETITIONER through appropriate technical and organizational measures, whenever possible, in the exercise of the rights of the interested parties, within the framework of its technical possibilities, providing the information in its possession in relation with the Test. QGENOMICS will process the personal data necessary to carry out the requested Test for the time necessary to carry it out, and to comply with
QGENOMICS' obligations. In the event that the patient or their representative does not consent to the use of samples, material and/or results for research purposes, QGENOMICS will delete or return all personal data, and will delete existing copies unless conservation of personal data is required under the applicable regulations. This will never be to the detriment of diagnostic tests or the preparation of results .

By sending us this signed document, you **certify that you are in possession of the required informed consent document**, duly obtained, and signed by the patient or their legal representative, which authorizes you to make this genetic test request.

Please check this box **to certify that the patient or their representative authorized the use of the remaining biological material for research purposes in the informed consent document.**

Please check this box **to certify that the patient or their representative authorized the use of the results for research purposes in the informed consent document**

Signed (petitioner / MD or genetic counselor)

In _____, the _____of _____ , 20__

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