

Antegenes Test Request Form (A)

Patient	
Sex at Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity	<input type="checkbox"/> East Asian* <input type="checkbox"/> European
	<input type="checkbox"/> South Asian** <input type="checkbox"/> African/Caribbean
Forename(s)	<input type="text"/>
Last Name	<input type="text"/>
DOB (DD/MM/YY)	<input type="text"/>
Address	<input type="text"/>
Town/City	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>
Tel	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

Referring Clinician (if applicable)	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Clinic	<input type="text"/>
Address	<input type="text"/>
Town/City	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>
Tel	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

Sample	
Collection Date	<input type="text"/>
Sample barcode checked?	<input type="checkbox"/> <input type="text" value="Enter Sample Barcode Here"/>
Tick box if repeat sample	<input type="checkbox"/>

Test	
<input type="checkbox"/>	Breast cancer (AnteBC) – Women only
<input type="checkbox"/>	Prostate cancer (AntePC) – Men only
<input type="checkbox"/>	Colorectal cancer (AnteCRC)
<input type="checkbox"/>	Melanoma (AnteMEL)
<input type="checkbox"/>	Set of tests for women: breast, colorectal cancer and melanoma (AnteCancerW) Set of tests for men: prostate, colorectal cancer and melanoma (AnteCancerM)

Service	
Service	
<input type="checkbox"/>	Test Only This service option is only available when service purchased through a clinician.
<input type="checkbox"/>	Test & Clinical Support Pre and post-test clinical support is mandatory when purchased directly from Everything Genetic. Also available when organised via your clinician. By selecting this service, you agree to an Everything Genetic doctor to contact you for pre and post-test clinical support.
Sign Here	Print Name
<input type="text"/>	<input type="text"/>
Payment	<input type="checkbox"/> Clinic <input type="checkbox"/> Self/Patient
Email(s) for Results	
<input type="text"/>	
Reason for requesting test	
<input type="checkbox"/>	Cancer - Family History (specify below what type and who) Cancer - Personal History (specify below) Cancer - Family Mutation (specify below what type and who)
<input type="checkbox"/>	General Proactive Health Screening
<input type="checkbox"/>	Other (specify below)
<input type="text"/>	

* East Asian - China and non South Asian
** South Asian - Bangladesh, India, Pakistan