

Test request form



Test

Please select test required:

Everything Genetic 12 Gene Breast Cancer Panel

Everything Genetic Multi-Cancer Panel

Referring clinician

First name

Last name

Clinic

Address

Town/City

Postcode

Country

Tel

Email

Patient

Sex at birth Male Female

Forename(s)

Last name

DOB (DD/MM/YY)

Address

Town/City

Postcode

Country

Tel

Email

Sample

Collection date

Sample barcode checked? Enter Sample Barcode Here

Tick box if repeat sample

- Complete Test Request Form, Informed Consent Form, and Family History Questionnaire and return with sample.
- Saliva sample from patient to level on bottle (at least 30 minutes after food etc), close tube to mix preservative with saliva and replace clear preservative cap with plastic top.
- Blood sample – 3mL for a 10mL tube and 2mL for a 4mL or 6mL tube
- Ensure DOB and sample date are on sample tube
- Dates on sample format DD/MM/YYYY
- Return sample and forms to the laboratory using Royal Mail tracked delivery service (return label supplied).
**FAO – Dr Nadine Collins, Royal Surrey County Hospital,
Egerton Road, 2nd Floor Lavis Suite – Molecular Diagnostics,
Berkshire and Surrey Pathology Services, Guildford, Surrey GU2 7XX**

For BSPS office use only

Barcode completed and checked against sample

Collection date provided

Service

Test only

Test & clinical support
By selecting this service, you agree to an Everything Genetic doctor to contact you for pre and post-test clinical support.
Sign Here

Payment

Clinic pay Patient pay Insurance pay*

*Please write down insurance details below:

Insurance provider:

Membership ID:

Authorisation Code:

Email(s) for results

Reason for requesting test

Cancer - Family History (specify below what type and who)

Cancer - Personal History (specify below)

Cancer - Family Mutation (specify below what type and who)

General Proactive Health Screening

Other (specify below)