



Genekor

Committed to Biotechnological Innovation

Test:	<input type="checkbox"/> First Submission <input type="checkbox"/> Second Submission	BARCODE: FILLED BY GENEKOR	
1. Patient Information			
First Name: Last Name:	Street Address: City:	Landline: Mobile:	
Sender (if different from the patient):	Area: Postal Code: Country:	Date of Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female Father's Name: Passport/ID Number:	
2. Sample Information ALL SAMPLES MUST ACCOMPANY THIS REQUISITION FORM		3. Clinical – Histological Data	
A. Sample send to Genekor is: <input type="checkbox"/> Blood <input type="checkbox"/> Paraffin Block Code: Number of Blocks: <input type="checkbox"/> Paraffin Sections ID: Number of Sections: <input type="checkbox"/> Other B. Date of Biopsy:		Clinical - Histological Diagnosis	
		5. Comments	
4. Physician Information – Results will be send to all reported Physicians			
Ordering Physician Full Name: Telephone: Specialty: Institution: Address: Email: Fax:		Additional Recipient to be Copied Full Name: Telephone: Specialty: Institution: Address: Email: Fax:	
6. Billing Information		7. Physician's Signature & Stamp	8. Date
<input type="checkbox"/> Institution <input type="checkbox"/> Patient		

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