



Genekor

Committed to Biotechnological Innovation

Test:	<input type="checkbox"/> OncotypeDX DCIS <input type="checkbox"/> OncotypeDX Breast	<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"/> Paraffin Block Code: Number of Blocks: <input type="checkbox"/> Paraffin Sections ID: Number of Sections:		Clinical - Histological Diagnosis Multiple Primaries: <input type="checkbox"/> Yes <input type="checkbox"/> No Node Status: ER Status: PR Status: HER2 Status:	
B. Date of Biopsy:		5. Comments	
4. Physician Information – Results will be send to all reported Physicians			
Ordering Physician		Additional Recipient to be Copied	
Full Name: Telephone: Specialty: Institution: Address: Email: Fax:		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		

t +30 210 6032 138 | f +30 210 6032 148
info@genekor.com | www.genekor.com

Spaton 52 Ave., 15344 Gerakas, Greece