



Barcode

**GENETIC TEST REQUISITION FORM**

Test Code: **SLS 161000** Test Name: **Germline BRCA1 & BRCA2 test** TR ID:   
 Test Code: Test Name: TR ID:   
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**PATIENT DETAILS**

Patient MRN/UHID #:   
 Patient Name: **Mrs. Pradeepa Dissanayake** DOB: Age: **53** Sex: **F**   
 Marital Status: Nationality: Contact No.:   
 Address:   
 Email ID: Pincode:   
 ID Proof:  Driving License  Aadhaar Card  Voter ID card  Ration card Others: \_\_\_\_\_

**ADDITIONAL DETAILS IF REQUIRED**

Transfusion Date (if available): Blood Group:

**CLINICIAN INFORMATION**

Referring Clinician: **M a h e n d r a P e r e r a** Clinician Contact:   
 Referring Hospital: **A s i r i S u r g i c a l H o s p i t a l C o l o m b o 5**   
 Email Id:   
 Address:

**ADDITIONAL FAMILY MEMBERS' DETAILS**

Disease Status - Affected: Age at Diagnosis:   
 Affected Sibling/Family members:  Yes  No (If yes, provide the details in the table below)

Name	Relation with Patient	Type of cancer	Age at Diagnosis	Sex

**SAMPLE COLLECTION INFORMATION**

Date & Time of Collection: **9 / 9 / 2 0 2 4** Sample collected by:   
 Clinical History/Pathology Report Attached:  H and E Slides sent:

**FOR OFFICIAL USE ONLY**

Region: Bill type (for internal use only):   
 Sales person: GC done by: GC date:



PEDIGREE / FAMILY HISTORY / CLINICAL HISTORY (TO BE FILLED BY CLINICIAN / GENETIC COUNSELOR)

Not Available

(PLEASE ATTACH SEPARATELY INCASE OF DETAILED PEDIGREE)

DETAILS OF SAMPLE SENT TO THE LAB

SEND SAMPLES TO  
(Monday to Saturday only)

**Strand Life Sciences Pvt. Ltd.**  
Ground Floor, UAS Alumni Association Building,  
Veterinary College Campus, Hebbal, Bangalore-560024  
Phone: +91 99 8044 8044, E-mail: support.strandx@strandls.com

**INFORMED CONSENT FOR GENETIC TESTING**

- If the proband is over 18 years of age, 'You' in this form refers to the proband
- If the proband is a minor or differently-abled, 'You' in this form refers to the Legal Guardian of the proband
- 'We', 'Our', 'Us' refers to Strand Life Sciences Pvt. Ltd.

You hereby consent to undergo testing offered by us and understand that:

1. Your biological sample(s) will be collected using generally accepted techniques. The sample(s) could be blood, saliva, tumor tissue, or any other biological sample as needed.
2. You understand that the sample(s) may be used to determine if you and/or your family members have variants in your gene(s). Results may indicate affected status, increased risk of being affected in future, inherited risk of disease, somatic mutations in tumor tissue, or other such findings.
3. Genetic tests are relatively new and are being improved and expanded continuously. You are aware of the risks and limitations of genetic testing.
4. You may need to share your relevant health records to correlate the findings from the genetic testing.
5. The genetic test report will be usually released within the Turnaround Time (TAT) specified by us for the test.
6. A positive test result is an indication that the individual being tested has a genomic variant that might have implications for their health or their progeny's health. Consultation may be sought from any physician or genetic counselor of your choice. You may also consider independent testing and consultation in addition.
7. The report will be shared with your authorized physician where applicable, or shared to your registered email ID, or shared on our secure portal, or a hard copy of the report can be shared upon request to the address provided in this form.
8. It is possible that knowledge of genetic information of an individual might be misused if it is in the wrong hands. Hence, we cannot reveal the genetic information even to family members without your explicit written authorization to do so. We will maintain complete confidentiality of the test results, as genetic test results can have social implications.
9. Genetic testing has its limitations. A repeat or alternative tests might be recommended by your treating physician accordingly.
10. Genetic testing might identify secondary findings in genes outside of the original test genes as defined by the American College of Medical Genetics.  
 You can opt out from receiving secondary findings by ticking this box here.
11. All laboratory raw data are confidential and will not be released unless a special written request is made by you or the consulting clinician on record, or a valid court order is received by us. VCF, FASTQ and BAM files can be provided to you

- or your authorized personnel for a period of 3 months. For requests beyond that period we may charge an additional cost, as per institutional policy.
12. Our laboratory does not return any leftover sample after completion of testing under any circumstances. The only exception to the above is in the case of FFPE tumor blocks which can be returned upon request by you or your ordering physician within a period of 6 months. Any left over DNA (if available), regardless of the sample type, can be requested by you for up to a period of 3 months, provided you bear the transportation costs.
  13. Samples collected as part of routine care with potential for future genetic research will be stored by our laboratory in accordance with ICMR guidelines 2017, clause 10.3.7.
  14. Samples can also be shared with collaborators within or outside the country in line with existing relevant guidelines, in accordance with ICMR guidelines 2017, clause 10.3.8.
  15. You understand and agree to the use of your data and biological sample for future research by us and our collaborators. We will use your samples and data in anonymised or aggregated form, such that it will be incapable of identifying you. By voluntarily signing this consent form you agree to provide broad or blanket consent for the storage and use of your samples and data as specified by ICMR guidelines 2017.  You can opt out of this clause by ticking this box here.
  16. Sharing of data with our collaborators will be bound under a data access agreement that will maintain individual confidentiality. Your personal identity will not be revealed in any information shared with third parties or published; your data will be coded accordingly.
  17. The future use of your data or sample in research may result in commercial gains. Based on the nature of research outcomes, further investments by us may be needed to commercialize these outcomes. You will not have the right to participate in any direct monetary gains resulting from any future commercial activity.
  18. You understand and agree to being re-contacted in the future if there is new information available on your genomic variants or new research envisaged that you could benefit from.
  19. You have the full rights to decide whether or not you wish to provide consent, nobody can coerce you into providing consent. You can also choose to withdraw your consent at a later stage if you so wish, you need to notify us regarding the same.
  20. In case you have any concerns or perceive any conflict of interest, you may seek clarification on institutional policy from relevant authorities.

Name of Individual/Legal Guardian: **Mr. Ranil Dissanayake**

Date: **9/9/2024**

Signature: 

**STATEMENT OF PHYSICIAN/GENETIC COUNSELOR**

- I have explained the genetic testing suitable for this individual and the individual has had the opportunity to ask questions.
- I have addressed the limitations outlined above, and I have answered this person's questions.
- I have obtained consent from the patient or the legal guardian for this testing. I confirm that the individual has given consent willingly.
- I allow Strand Life Sciences to contact the aforementioned patient for clinical history, treatment plan, and other details relevant to this test.
- I undertake to maintain the privacy and confidentiality of the patient's genetic data obtained from Strand Life Sciences and will remain solely responsible for any wrongful acts and/or omissions arising out of, or in relation to my use of the patient's genetic data.

Name: **Dr. Mahendra Perera**

Date:

(Physician/Genetic Counselor) Signature: 