

Study Requisition Form - Dyslipidemias / Early Atherosclerosis

1 Patient and sample information

Patient

Last name, First name

Date of birth

DD/MM/YY

Sex

F

M

Blood

Peripheral blood from 3 to 5 ml in EDTA tubes

Saliva

Using the indicated saliva kit

DNA*

Minimum 5 µg and concentration 50 ng/mL for DNA-derived from blood, saliva, tissue (fresh or frozen).

Minimum 10 µg and concentration 50 ng/mL for DNA-derived from paraffin-embedded tissue.

***DNA source:**

Blood, frozen blood, saliva, fresh tissue, frozen tissue, paraffin-embedded tissue, etc.

Sample collection date

Sample reference: use the same reference on the collection tube

2 Information of the requesting physician

Full name

Hospital/Institution

Address

City

Province / Region / State

Country

Zip code

Phone

Email

3 Authorized person(s) to receive the results

First and last name

E-mail

to receive results

First and last name

E-mail

to receive results

In compliance with the Spanish and European personal data protection laws, the results will only be delivered to the persons duly identified in this requisition form.

4 Invoicing details

Hospital / Institution

Self-pay patient

Payment method:

Bank transfer

Credit card

Name of the hospital or patient

name that should appear on the invoice

National ID /

Tax number

Address

City

Province / Region / State

Country

Zip code

Phone

E-mail

to send the invoice

Contact person

5 Genetic study requested

General NGS panels

Dyslipidemias / Early atherosclerosis (104 genes + Pharma + Risk)

Specific NGS panels

Familial hypercholesterolemia (FH)

Basic Panel (6 genes) Basic Panel Plus (5 genes + Pharma + Risk) Comprehensive Panel (13 genes + Pharma + Risk)

Primary hypertriglyceridemia / Polygenic / Familial combined hyperlipidemia 47 genes

Lipodystrophies 12 genes

Hypolipidemias 14 genes

Maturity-onset diabetes of the young (MODY) 27 genes

Complementary services

Familial study (please identify the index case if tested at Health in Code)

Details of the index case:

Gene/variant: Gene/variant:

Single-gene sequencing

Gene/variant: Gene/variant:

Study extension

Specify the name of the new panel:

Genetic variants report without sequencing

Other services

Clinical exome

Sequencing + FASTQ Sequencing + FASTQ + variant annotation Sequencing + FASTQ + variant annotation + interpretation

MLPA

Gene:

Whole-genome array

Proband Familial study

The personal data provided in this form are subject to the current data protection regulations, specifically to Organic Law 3/2018, of December 5, on the Protection of Personal Data and Guarantee of Digital Rights ("LOPDGDD") and to Law 14/2007, of 3 July, on Biomedical Research. The data you provide will be included in files whose responsible is Health in Code. The purpose is the analysis and diagnosis of genetic diseases. Likewise, the data categories are the ones reflected in this form, along with the results obtained. Your personal data will be processed exclusively for the aforementioned purposes. This data processing is made legitimate by the express consent provided by accepting these terms. Your data will be retained for the whole duration of the relationship established with the entity and while the data fulfil their purposes for this service or until you decide to exercise your cancellation or suppression rights. Said data will not be transferred to third parties without a corresponding prior consent, or in cases other than those expressly defined in data protection legislation. You are hereby informed that you may exercise your rights to access, rectification, cancellation, and objection, as well as to restriction of data processing and to data portability by contacting Health in Code through written communication addressed to Edificio O Fortín, As Xubias, s/n., Campus de Oza, 15006 A Coruña, España, with the subject: "Data Protection", including a copy of your national ID card or passport. You also have the right to file your claim to the Spanish Data Protection Agency (Agencia Española de Protección de Datos).

6 Clinical data

Es recomendable adjuntar un informe clínico para asegurar la correcta interpretación de los hallazgos genéticos.

7 Statement of the existence of informed consent

- The patient identified in this requisition (or his/her legal representative) is aware of the information included in it and authorizes that his/her sample be submitted for genetic testing and that a report is issued with the corresponding results.
- It is possible to obtain unexpected information during the sample analysis process, which the patient identified in this requisition (or his/her legal representative) has agreed to be informed about.
- In addition, the patient identified in this requisition (or his/her legal representative) authorizes that his/her biological sample be stored for subsequent studies and/or confirmation tests.
- The patient identified in this requisition (or his/her legal representative) also authorizes that his/her biological sample be used for research purposes approved by the relevant ethical committee, always maintaining the patient's anonymity.

Physician's signature

Date

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8 Sample requirements and shipping



STUDY REQUISITION

The sample for genetic testing must be sent together with a correctly filled requisition form.

Available at www.atherohic.com or by request at customer-care@healthincode.com

SAMPLE COLLECTION

Peripheral blood*



3 to 5 ml in EDTA tubes

Genomic DNA*



NGS > 5-10 μ g (A260/280 = 1.8-1.9)
Sanger > 1 μ g (A260/280 = 1.8-1.9)

Saliva sample



Please use the indicated kit for sample collection.
You can request it at customer-care@healthincode.com

**For delivery in over 48 h, controlled-temperature shipment (4-8 °C) is recommended*

SAMPLE PACKAGING

Each primary container (sample tube**) must be placed inside a secondary container (sealed plastic bag or Falcon tube) with enough absorbent material. Secondary recipients must be secured inside a rigid package or box with appropriate cushioning material.

*** Please make sure that the sample tube is labeled with the patient's details or reference.*

SAMPLE SHIPMENT

Schedule your shipment so that sample reception takes place Monday to Thursday between 8:00 and 17:00.

HEALTH IN CODE S. L.
Edificio O Fortín, As Xubias s/n. Campus de Oza. 15006 A Coruña, Spain
Tel: +34 881 600 003

If you wish, you can request our sample pick-up service at customer-care@healthincode.com



RESULTS

We will deliver our report via:

- Certified email
- Health in Code Client Portal

OUR STUDIES ALWAYS INCLUDE THE POSSIBILITY OF PRE-TEST AND POST-TEST COUNSELLING

customer-care@healthincode.com | clinicalteam@healthincode.com | +34 881 600 003 | www.healthincode.com