Laboratorium Oncogene Diagnostics
ul. Mogilska 86
31-546 KRAKÓW
Phone 12 410 58 73
Fax 12 418 09 50
biuro@oncogene.pl

Order No. . . . . .

Date and hour of the material reception

. . . . . .

The Laboratory completes this section

ORDER FORM FOR THE MOLECULAR TEST OF NEOPLASTIC TISSUE

Full name of the patient . . . . . .

PESEL |_ |_ |_ |_ |_ |_ |_ |_ |_ |_ |_ date of birth . . . . . female ☐ male ☐

Address . . . . . .

. . . . . .

contact phone . . . . . mail . . . . . .

TEST *(procedure code)*. . . . . .

Clinical diagnosis . . . . . .

Material: ☐ paraffin block; ☐ cell-block; ☐ cytological preparation; ☐ HP preparation;

☐ other . . . . . sampling date. . . . . .

I hereby consent to the processing of my personal data connected with performance of genetic diagnostics. I consent to processing my personal data, only for the above stated purposes in accordance with the provisions of the Act of 29 August 1997 on the protection of personal data (Journal of Laws of 2002 No. 101, item 926, as amended).

date and signature of the patient . . . . . .