

Health insurance company or cost bearer		
Surname, first name of insured person		Date of birth
Cost unit identifier	Insurance number	Status
Site number	Physician number	Date



## GENERAL ORDER FORM

You can find all order forms at [www.medicover-diagnostics.de](http://www.medicover-diagnostics.de)

SENDER (STAMP)	PAYER
Name – Address – Signature – Telephone – E-mail	<input type="checkbox"/> Statutory health insurance - laboratory referral form sample 10 <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient, invoice to clinic <input type="checkbox"/> §116b Outpatient clinic Human genetic analyses from EBM chapter 11 do not affect the efficiency bonus or the laboratory budget. <input type="checkbox"/> IGeL / self-payer <input type="checkbox"/> Privately insured <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> Cost estimate according to GOÄ requested

### PATIENT DETAILS

Indication: \_\_\_\_\_

Is the patient/partner pregnant:                       No                       Yes    Week of pregnancy \_\_\_\_\_+ \_\_\_\_\_

Consanguinity of parents:                               No                       Yes

### CLINICAL SYMPTOMS

Family history

Are there other people in the family with similar symptoms?                       No                       Yes    If yes, who? \_\_\_\_\_

Are there any genetic findings from relatives?     No                       Yes    If yes, please enclose a copy of the findings

### SAMPLE MATERIAL

Collection date: \_\_\_\_\_     EDTA blood (2-5 ml)     DNA from \_\_\_\_\_     Li-Heparin blood (5-10 ml, 500IE Li-Heparin/ml)

Time: \_\_\_\_\_     FFPE material    (≥ 250 ng; ≥ 100 ng/μl)

Other \_\_\_\_\_

### ORDER

Our team of experts is available to answer your questions: [info@medicover-diagnostics.de](mailto:info@medicover-diagnostics.de) or +49 89 895578-0

Diagnostic                       Predictive                       Prenatal

Target diagnostics for known familial variant?     Yes, please enclose a copy of the findings; alternatively, exact details of gene, variant and transcript:

Gene: \_\_\_\_\_                      Variant: \_\_\_\_\_                      Transcript: \_\_\_\_\_

A complete list of all analyses that can be requested in the laboratory can be found at [www.medicover-diagnostics.de](http://www.medicover-diagnostics.de)

## DECLARATION OF CONSENT (ACCORDING TO GERMAN GENETIC DIAGNOSTICS ACT, (GenDG))

### With my signature below, I declare that I

- have been informed by my attending physician about the significance and consequences of the examination in accordance with the GenDG
- had sufficient opportunity to discuss open questions
- agree to the necessary collection of test material (blood, tissue, chorionic villi or amniotic fluid in the case of prenatal diagnosis)
- agree to the genetic test being carried out to clarify the indication/diagnosis/suspected diagnosis in question

### I also declare my consent to the following points:

- I agree to the analysis of additional genes from the same indication group as part of the research  Yes
- I agree to the storage of the remaining sample material after the examination is complete, but do not claim any right to storage  Yes
- I agree that the sample material and, if applicable, the DNA sequence information, may be made available in an anonymized form for quality assurance and scientific purposes  Yes
- I have no objections to the publication of the test results in anonymized form in scientific publications  Yes
- I agree to the storage of the research results beyond the legal period of 10 years, but do not claim any right to this.  Yes
- I agree that the test or parts of the test may be forwarded to collaborating medical laboratories, if necessary  Yes

### I was also informed that

- I can stop the analysis at any time and ask for the results available until that point to be destroyed
- I can withdraw my consent in whole or in part at any time and without giving reasons
- I will bear the full costs incurred up to the time of withdrawal of consent
- the genetic examination and assessment only relates to the requested indication and no statements will be made about other diseases

**Information about incidental findings:** In rare cases, medical findings may be obtained that are not related to this test, but which, according to current knowledge I would like to be informed about such incidental findings:  Yes (no claim to completeness)  No (no selection is considered a "No")  
In certain cases, such findings must be discussed by a specialist in human genetics and cannot be communicated by the responsible medical person.

\*In accordance with the GenDG, **predictive diagnostics** may only be commissioned by specialists in human genetics or other physicians who qualified to perform genetic testing by acquiring a specialty or additional designation within the scope of their specialty (GenDG, §7,1).

**In the case of predictive genetic diagnostics, I hereby confirm, as the attending physician, that I have the necessary qualifications in accordance with the GenDG.**

	X	X	
Place, date	Signature of patient or legal representative	Signature of responsible medical person	Name of the responsible medical person in block capitals

## DECLARATION OF ASSUMPTION OF COSTS - TREATMENT CONTRACT (PRIVATE INSURANCE)

I hereby confirm that I will pay the costs of the services ordered, plus any additional expenses, in accordance with §10 GOÄ. In the event of refusal of reimbursement, claims must be made by me against my insurer.

*Our billing team is available to answer your questions at any time: [info@medicover-diagnostics.de](mailto:info@medicover-diagnostics.de).*

Place, date	Signature of patient or legal representative

## COST ACCEPTANCE DECLARATION - IGeL (INDIVIDUAL HEALTH CARE SERVICE)

I am aware that my statutory health insurance provides treatment that is sufficient within the meaning of the law. I am aware that there is no entitlement to reimbursement for this service from the statutory health insurance. I nevertheless request the above services. I hereby confirm that the costs of the services ordered will be covered, plus any expenses, in accordance with §10 GOÄ.

*Our billing team is available to answer your questions at any time: [info@medicover-diagnostics.de](mailto:info@medicover-diagnostics.de).*

Place, date	Signature of patient or legal representative

## SUPPORTING ORGANIZATIONS

[1] Genetik Berlin-Lichtenberg GmbH  
Supporting organization of Medicover  
Humangenetik Berlin-Lichtenberg  
MVZ and Medicover Humangenetik  
Berlin-Friedrichsfelde MVZ

[2] MVZ Humangenetik Köln GmbH  
Supporting organization of MVZ  
Humangenetik Köln

[3] MVZ Martinsried GmbH  
Supporting organization of MVZ  
Martinsried

## ADDRESS FOR SAMPLE DELIVERY

PLEASE SELECT ONE OF THE THREE LABORATORY LOCATIONS BELOW FOR SAMPLE DELIVERY:

**MVZ Berlin-Lichtenberg<sup>[1]</sup>**  
Plauer Str. 163-165, Haus N  
13053 Berlin  
GERMANY

**MVZ Humangenetik Köln<sup>[2]</sup>**  
Josef-Haubrich-Hof 3-5  
50676 Köln  
GERMANY

**MVZ Martinsried<sup>[3]</sup>**  
Lochhamer Str. 29  
82152 Martinsried  
GERMANY

Tel.: +49 30 92090727  
Fax: +49 30 92090741  
www.medicover-diagnostics.de  
info@medicover-diagnostics.de

Tel.: +49 221 888478-20  
Fax: +49 221 888478-19  
www.medicover-diagnostics.de  
info@medicover-diagnostics.de

Tel.: +49 89 895578-0  
Fax: +49 89 895578-780  
www.medicover-diagnostics.de  
info@medicover-diagnostics.de

## GENETIC SPECIALIST PRACTICES

OUR LOCATIONS FOR GENETIC COUNSELING:

**Augsburg<sup>[3]</sup>**  
Armenhausgasse 18  
86150 Augsburg  
Appointments Tel.: +49 821 5145-01

**Hannover<sup>[1]</sup>**  
Podbielskistr. 122  
30177 Hannover  
Appointments Tel.: +49 511 96540-0

**Berlin-Friedrichsfelde<sup>[1]</sup>**  
Rosenfelder Straße 15-16  
10315 Berlin  
Appointments Tel.: +49 30 5779871-2

**Kempten (Zweigstelle Martinsried)<sup>[3]</sup>**  
Robert-Weixler-Str. 50  
87439 Kempten  
Appointments Tel.: +49 89 895578-0

**Berlin-Lichtenberg<sup>[1]</sup>**  
Rosenfelder Straße 15-16  
10315 Berlin  
Appointments Tel.: +49 30 5779871-2

**Köln<sup>[2]</sup>**  
Josef-Haubrich-Hof 3-5  
50676 Köln  
Appointments Tel.: +49 221 888478-0

**Berlin-Westend<sup>[1]</sup>**  
Spandauer Damm 130  
14050 Berlin  
Appointments Tel.: +49 30 3035566-6

**Martinsried<sup>[3]</sup>**  
Lochhamer Str. 29  
82152 Martinsried  
Appointments Tel.: +49 89 895578-0

OUR PARTNER PRACTICES:

**Berlin-Mitte**  
Hausvogteiplatz 3-4 2. OG  
10117 Berlin-Mitte  
Appointments Tel.: +49 30 2063300-0

**Potsdam**  
Friedrich-Ebert-Straße 33  
14469 Potsdam  
Appointments Tel.: +49 30 585838-430

**München-Ost**  
Orleansplatz 3  
81667 München  
Appointments Tel.: +49 89 458556-12