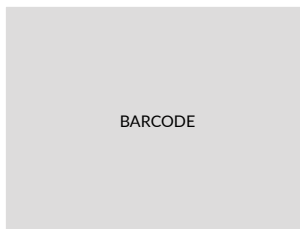


Health insurance company or cost bearer		
Surname, first name of insured person		Date of birth
Cost unit identifier	Insurance number	Status
Site number	Physician number	Date

Gender: ☐ M ☐ F ☐ D ☐ X Telephone: _____



GENERAL ORDER FORM

You can find all order forms at 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 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

GENERAL ORDER FORM

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 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.

_____	_____
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.

_____	_____
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^[1]
Plauener Str. 163-165, Haus N
13053 Berlin
GERMANY

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

MVZ Humangenetik Köln^[2]
Josef-Haubrich-Hof 3-5
50676 Köln
GERMANY

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

MVZ Martinsried^[3]
Lochhamer Str. 29
82152 Martinsried
GERMANY

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^[3]
Armenhausgasse 18
86150 Augsburg
Appointments Tel.: +49 821 5145-01

Berlin-Friedrichsfelde^[1]
Rosenfelder Straße 15-16
10315 Berlin
Appointments Tel.: +49 30 5779871-2

Berlin-Lichtenberg^[1]
Rosenfelder Straße 15-16
10315 Berlin
Appointments Tel.: +49 30 5779871-2

Berlin-Westend^[1]
Spandauer Damm 130
14050 Berlin
Appointments Tel.: +49 30 3035566-6

Hannover^[1]
Podbielskistr. 122
30177 Hannover
Appointments Tel.: +49 511 96540-0

Kempten (Zweigstelle Martinsried)^[3]
Robert-Weixler-Str. 50
87439 Kempten
Appointments Tel.: +49 89 895578-0

Köln^[2]
Josef-Haubrich-Hof 3-5
50676 Köln
Appointments Tel.: +49 221 888478-0

Martinsried^[3]
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

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

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