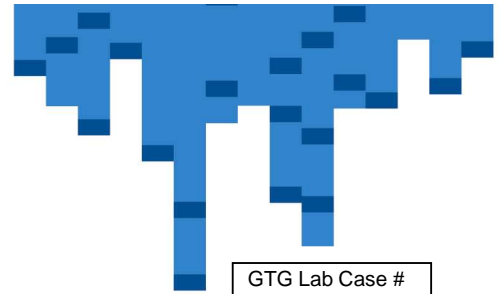




genetic technologies



GTG Lab Case #
(for internal use only)

MD.....

Received:.....

Sample Submission Form

Sample Details: PLEASE PRINT

Sample type Buccal Swab

Blood

DNA [concentration: _____ µg/ml]

Date obtained ____ / ____ / _____

There **must** be at least 2 unique patient/sample identifier's on the sample collection-transport tube e.g. label the tube with the patient's name, date of birth, your reference number.

Patient Details: _____ , _____ , _____
Last name First name MI

Patient date of birth ____ / ____ / _____ Gender Male Female

Your Reference / Medical Record number _____

Test Requested: _____

Express Service* BRCA testing only
*Express 5-8 business day service is for all BRCA gene tests
(Please contact GTG for special test requirements)

To Whom Report should be sent:

Specialist / GP / CGC name _____ , _____ , _____
Last name First name MI

Address _____

City _____ State _____ Post Code _____

Telephone number () _____ (work) _____ (ext)

() _____ (FAX)

E-mail address _____

Genetic Technologies Limited • Website: www.gtg.com.au • **Email:** info@gtg.com.au ABN 17 009 212 328
Registered Office • 60-66 Hanover Street Fitzroy VIC 3065 Australia • **Postal Address** P.O. Box 115 Fitzroy Victoria 3065 Australia
Phone 61 3 8412 7000 • **Fax** 61 3 8412 7041 • **Free Call** 1800 822 999