



ANAMNESIS FORM for the STUDIUM GENETICS SG-OCRA TEST
oral cavity carcinoma screening

TO BE FILLED-OUT IN BLOCK CAPITALS BY THE DOCTOR

Patient ID:

Requesting doctor:

Email: Telephone:

Requesting centre:

Sampling site

- Tongue
- Right cheek
- Left cheek
- Soft palate
- Hard palate
- Uppper gum
- Lower gum
- Oral floor

Any previous diagnosis and clinical aspects

- Leukoplakia
- Erythroplakia
- Oral Lichen Planus
- Suspect carcinoma
- Hyperkeratosis
- Ulcer
- New formation
- Pazient operated for oral carcinoma
- Other: ...

Patient's Anamnesis

Sex

- M
- F

Regular smoker?

- Yes
- No

Drinks alcohol?

- Yes
- No

Recent dental care:

Family history with cacner:

Other:

I authorize the Laboratory to send me the test report requested here and I undertake to deliver and share it with the patient.

Date

Doctor's Signature (legible) with Stamp: _____