

# Submission Form

Cancer Predisposition Syndrome Registry

ADDRESS

Institute of Human Genetics  
Biocenter, Am Hubland  
97074 Würzburg  
For the attention of Dr. Reinhard Kalb  
ADDRESS subproject 3

Sender (stamp)

Study ID \_\_\_\_\_

Patient Initials \_\_\_\_\_  
First name Last name

Quarter/year of birth \_\_\_\_\_

Consent for the following research project(s) has been given:

KPS register

ADDRESS

Diagnosis: \_\_\_\_\_

## Material

Blood (Heparin)

Collection on: \_\_\_\_\_ at: \_\_\_\_\_

Fibroblasts

Collection on: \_\_\_\_\_ at: \_\_\_\_\_

Further information/comments

Telephone number for queries: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature