CONSENT TO RELEASE SPECIMEN	N
(IF REQUIRED)	

dd       mm       yy         Re:			
Patient First Name       Patient Last Name	Date: / / //		
Patient First Name       Patient Last Name			
Patient First Name       Patient Last Name	Re:		
DOB (dd/mm/yy)         Address	Patient First Name	Patient Last Name	
Address	//		
Phone Number         To whom it may concern:         This letter is to confirm that I,	DOB (dd/mm/yy)		
To whom it may concern: This letter is to confirm that I,(first name, last name, request and consent to the release of an FFPe block of my tissue specimen from biopsy, performed(d/mm/yyyy) by Dr Surgery performed at The biopsy is to be sent for further analysis with DATAR CANCER GENETICS in India, as facilitated by Genostics Pty Ltd. Australia. Please note: samples will be returned to the issuing laboratory following completion of testing. Please send the block to the following address: Genostics Pty Ltd. 1 b Paradise Avenue Avalon, NSW, 2107 Australia Ph: +61 1300 282 482 Should you have any questions, please do not hesitate to contact me or Genostics Pty Ltd.Sincerely	Address		
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(signature)