THE REQUISITION FORM

NDOM

Patient information

First name*: _____
Last name*: _____
DOB*: _____
Weight (kg)*: _____ **Height (cm)***: _____
Country: _____
Ethnic group: _____
Email: _____
Preferred language for results report:
( ) Spanish ( ) English

Order request

Name* : _____
Phone number: _____
Email: _____
Country: _____
City: _____
Ordering physician*: _____
Email: _____
Phone number: _____

Clinical history and symptoms

Last period date*: _____
Age of symptom onset: _____
Parity (number of gestations/births): _____
Performance of laparoscopy: ◯ Yes ◯ No ◯ Pending
Previous diagnosis of endometriosis: ◯ Yes ◯ No ◯ Suspicion
If performed, result of laparoscopy)*: ◯ Absent ◯ Minimal ◯ Mild ◯ Moderate ◯ Severate
*(according to ASRM classification)
Complementary markers such as CA-125, IL-6, TNF-α, microRNAs: _____
Do you have any of the following symptoms? (scale from 0 to 10)
Chronic pelvic pain: _____
Dyspareunia (pain with sexual intercourse): _____
Dysmenorrhea (menstrual pain): _____
Pain when urinating or defecating: _____
Extra-abdominal cyclic pain (shoulder, thoracic, etc.): _____
Chronic phthisis: _____
Digestive symptoms (bloating, diarrhea, constipation): _____

Menstrual cycle and treatments

Regular menstrual cycle: ◯ Yes ◯ No
Use of hormonal antinconceptives: ◯ Yes ◯ No Type: _____ Duration: _____
Received endometriosis treatment: ◯ Hormonal ◯ Surgical ◯ Both
Type of treatment: _____ Treatment start date: _____
Response of treatment: ◯ Improvement ◯ No change ◯ Worsening

Reproductivity and fertility

Gestational desire: ◯ Yes ◯ No
Infertility time (if applicable): _____
Previous fertility treatment: ◯ Yes ◯ No Type (insemination, IVF, etc.): _____
Result: _____
Previous ovarian reserve study (AMH, AFC): _____

Complementary examinations

Transvaginal ultrasound results (if avaiable): _____
Presence of endometriomas: ◯ Yes ◯ No ◯ Not evaluated
Presence of adhesions or nodules: ◯ Yes ◯ No
Other studies performed (MRI, markers, etc): _____

The information administered in this document is confidential and must be handled according to strict privacy criteria.
Centre authorised by the Autonomous Community of Andalusia as an Analytical Diagnostic Centre with Genetics Unit (Registration No. NICA 57.465).
Accredited company with Quality Management System certified by SGS according to the UNE-EN ISO 9001: 2015 standard. Certificate No.: ES23/00000191.

RUO
For Research Use Only

Patient authorization and consent

This consent provides information about the test (s) for determining associated markers (in blood), assesing how likely you are to have endometriosis at the time of the test. Your are considering accesing the test (s) to determinate the degree to which these parametres are affected in relation to your current physiological/pathological state. This study is completely optional and you are not obliged to consent to the tests, even if it is recommended by your health care provider. The risks, benefits and limitations of such testing should be discussed in detail with a medical/genetic counselor and/or your physician. You are responsible for informing your physician or licensed health provider of any relevant changes in your medical or family history, as well as any incompatibilities that may exist between your physicological/pathological condition and the performance of this test. Signing this consent form indicates that you understand the risks, benefits and limitations of the study and give your consent.
By taking this test, you understand that:

- To carry out the study in its different versions, a blood sample (obtained by a health professional through a venous puncture) are requested.
- Additional data may be requested, through additional forms or analyses, to complete the diagnosis.
- The procedure of extraction and pre-processing of the sample (s) to carry out this study has a <1% risk of not being able to give a result, in which case a new sample collection would be required for this purpose.
- The technique used to carry out the study are not 100% accurate and do not fully guarantee the performance of the test, which is why a resampling may be requested.
- The test result, *per se*, does not guarantee improvement in any of your symptons, but it can detect with a specificity and sensitivity of 100% and 79,4%, respectively, the probability that you have endometriosis at the time of the test.
- The results issued and their interpretations are based solely on the analysis requested, without taking into account factors other than those analysed that could affect your health.
- For the correct performance of the study, the collection of a biological sample is required, Ndom Care does not participate in the collection of biological material, which will be carried out at the centre of your authorised healthcare provider and/or home, and the healthcare specialist will be responsible for discussing any associated risks or discomfort with you prior to the procedure.
- Ndom Care is not involved in the sample identification, initial processing or packaging process. Therefore, Ndom Care is not responsible for them.
- You may freely revoke your consent in writing at any time by sending an e-mail account/address contacto@domcarespa.com.

Please read each item below carefully, and sign the informed consent form only if you fully understand each item:

- It is my responsibility to decide to conduct the study, therefore, I wish to cooperate with the study and communicate any information that may affect the conduct of the analysis.
- I understand that I should not take the study if I am under medication or supplementation treatment other than those I have reported to my authorised health care provider.
- I understand that I should not take any medication without my doctor's consent, considering that it may affect the results of the study.
- I consider that the information has been given to me in a comprehensible manner and my questions have been answered therefore I have voluntarily decided to give my consent to perform the proposed test.
- I authorise the use of my surplus biological material, in coded and anonymised form, for reserach purposes to Ndom Care:

  ◯ Yes ◯ No

- I authorise the use of the contained results for the creation of the company's own genetic database, thus contributing to the improvement of current scientific knowledge and improving the performance of the test:

  ◯ Yes ◯ No

- I authorise Ndom Care to store and use my personal contact details to request information from me that may be of interest to conduct and complete research studies related to the test under development:

  ◯ Yes ◯ No

Patient authorization and consent

As the test applicant, I hereby sign that I have been informed, understand and consent to the processing of my personal data:

Date:
Name and surname:
ID:

Signed:

I sign that I have been informed, understand and authorize the processing of the personal data of my family member/representative*

*IF CONSENT IS GIVEN BY A FAMILY MEMBER OR LEGAL REPRESENTATIVE

Relation:
Date:
Name and surname:
ID:

Signed:

Professional prescribing the test:

Date:
Name and surname:
ID:

Signed:

***The absence or error in any of the information provided in this form may result in an extension of the results delivery time.**

Basic information on data protection

NDOM CARE 2022 S.L. processes the information you provide in order to carry out the service requested or the company's activity. To do so, it may be necessary to process the data and documents that make up your clinical history, especially protected data, such as health or genetic data. Such processing may involve, among others, the management, handling, access or possession of such information, among others. In addition, your personal data will also be used for billing purposes (where necessary) and to comply with applicable legal obligations, the legal basis being the execution of a contract and your own consent. The patient's personal data and clinical documentation will be retained for at least the legally required years and in addition for as long as necessary to provide the requested service, as regulated in the GDPR 2016/679 of 27 April 2016 as well as current healthcare legislation. The data will not be disclosed to third parties except in cases where there is a legal obligation. In any case, all staff who access, in the use of their powers, any information in the medical record shall be subject to the duty of secrecy regarding the personal data to which they have access. You have the right to obtain confirmation as to whether NDOM CARE 2022 S.L., is processing your personal data, as well as to exercise your rights, as a data subject, of access, limitation of processing, portability, opposition, rectification or deletion. You can obtain more information by contacting Responsible: NDOM CARE 2022 S.L. - B72702368 - Postal Address: AVENIDA DIAGONAL. 512 ESCALERA INTERIOR P.1 PTA.1. 08006, BARCELONA, BARCELONA.