

Genomic Medicine Institute, The Cleveland Clinic, Banking Checklist

Patient's Name _____ DOB: _____ Date of blood draw: _____
Patient's Race/Ethnicity _____ CCF# _____
Name of family member previously entered into study, if any _____
Genetic Counselor/Physician's name _____
Phone _____ Email _____

**Please indicate which study you are submitting samples for:**

<input type="checkbox"/>	<b>Familial Barrett Esophagus gene hunt study</b> (personal and/or family history of GERD, adenocarcinoma of the esophagus, or Barrett esophagus)
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**We require the following for each specimen to be processed:**

- Copy of signed Consent to Contact Form
- Completed CCF Release form
- Copy of the pedigree
- Copy of medical summary/documentation/pathology reports, if available

**Forward any paperwork not included with the sample to Dawn Caraballo at: fax 216-636-0009 or email carabad2@ccf.org.**

*Samples **WILL NOT** be processed unless **ALL** paperwork has been received.*