


NHI NUMBER		SURNAME		FIRST NAMES		 FOR LAB USE ONLY
DOB	SEX	ETHNICITY	PATIENT ADDRESS & PHONE			
DOCTOR			COPY TO			
MC NUMBER	PIN/PAN					

URGENT Molecular Oncology/Histology Specialist testing,

Tick Tests Required;

- PDL1 IHC
- Mismatch Repair Gene IHC
- NRAS
- KRAS
- NRAS/BRAF
- NRAS/BRAF/EGFR (S429R)
- ALL RAS

- Plasma EGFR – sample requirements minimum 15mls blood in EDTA tubes
-

Please send samples to: Pathlab bay of Plenty, Molecular Oncology Department, 829 Cameron Road, Tauranga, 3112.

<http://www.pathlab.co.nz/molecular/-/oncology-gene-testing> for more information.

Drs. Signature _____	Date ____ / ____ / ____
I certify that the tests requested are for an eligible person and meet the criteria for a subsidised service.	