

Te Whatu Ora

Liquid Biopsy Lung Panel Referral Form

Patient Information

Surname: _____ First name: _____

NHI: _____ Sex at birth (*please circle*): M / F

DOB: _____

Sample Details and Clinical Information

Specimen type: Peripheral blood (*min 8mL in a Streck tube – butterfly syringe or large gauge needle ONLY*)

Date and time collected: _____

Previously detected mutation: _____ Date detected: _____

Supporting clinical information: _____

****Please attach pathology report****

Test Requested

- ☐ ***I confirm this adult patient has been diagnosed with locally advanced or metastatic non-small cell cancer and EGFR tissue testing is not an option or has failed.***
- ☐ ***I confirm this adult patient has confirmed progression after treatment with a 1st-generation EGFR-targeting Tyrosine Kinase Inhibitor (Gefitinib or Erlotinib).***

Molecular Oncology: ☐ Lung UltraSEEK® Panel

Reporting Information

Referring Dr: _____ NZMC#: _____

Contact #: _____ Email: _____

Signature: _____ Date: _____

Copy to Dr: _____ Email: _____

Supplementary Information

Please refer to our website for specific sample requirements: www.igenz.co.nz