EGFR CIRCULATING TUMOUR DNA (PLASMA) ANALYSIS REQUEST FORM

Sarah Cannon Molecular Diagnostics Ground Floor, Shropshire House 1 Capper Street, London WC1E 6JA



Part of HCA Healthcare UK

TEL: +44 (0)203 794 1920 EMAIL: info@sarahcannon-md.co.uk Web: www.sarahcannon-md.co.uk

NOTE: This test is primarily intended for use in <u>non-small cell lung cancer patients who are progressing on EGFR TKI therapy</u>. Blood <u>must</u> be drawn into the correct stabilisation tubes (Roche, Cell free DNA collection, REF:0778566601) and be shipped at <u>ambient temperature for receipt by the laboratory within 96 hours of the draw time</u>. Users who are unfamiliar with the process and/or the potential advantages & disadvantages of circulating tumour DNA based analysis are strongly advised to contact the laboratory for advice before proceeding.

FOR LABORATORY USE ONLY				
SCMD No:	Received by:		Received (Date/Time):	
INDIVIDUAL AUTHORISING REQUEST (e.g. Clinician)				
Name:	Address:			
Phone:	_			
DESTINATION FOR ANALYSIS REPORT (ESSENTIAL – Results may be delayed if not completed)				
Name:	Address:			
Phone:				
	Note: If as above please tick here			
Required Method(s) for Report Delivery (please tick all that apply): Post Fax Email				
Results Fax number(s):	Results e-mail(s):			
INVOICING DETAILS (ESSENTIAL – Results may be delayed if not completed in full)				
Contact name:	Full Organisation Name and Postal Address:			
Phone:				
Email:	Note: An authorisation code is mandatory if providing private medical insurance details			
PATIENT DETAILS (At least 3 unique identifiers are mandatory)				
Surname:	Forename:		DOB (DD/MM/YY):	Gender:
				$M \ \square \ F \ \square$
Hospital/Laboratory Name:	Hospital/Laboratory case number:		Requester Ref (if applic	rable).
,			Troquotor Troi (ii applic	odbie).
CLINICAL / SAMPLE DETAILS (Please provide as much information as possible)				
Current EGFR TKI therapy (e.g. gefitinib):		Original Sensitising variant (e.g. L858R or exon 19 del):		
Date & Time of blood draw (Mandatory*):		Total number of Roche cfDNA tubes supplied:		
*Specimens may be rejected if the time from draw to processing is not verifiable. Note: One tube is sufficient if above the 'minimum fill' level indicator.				
Any other comments or relevant clinical information:				