

SOMATIC VARIANT ANALYSIS REQUEST FORM

(Non-NGS based tests for targeted therapy stratification*)

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*Please note: Whilst quicker to perform, these assays provide limited scope compared to our NGS-based tests. Please consider appropriate clinical needs when choosing.



SARAH CANNON

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FOR LABORATORY USE ONLY

SCMD No:	Received by:	Prepared by:	Received: (Date/Time)
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INDIVIDUAL AUTHORISING REQUEST (e.g. Clinician / Pathologist)

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 <input type="checkbox"/>	

Required Method(s) for Report Delivery (please tick all that apply): Post Fax Email

Results Fax number(s):	Results e-mail(s):
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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):	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Hospital Name:	Surgical Case ID:	Hospital Number:	Requester Ref (if applicable):

SAMPLE / PATHOLOGY DETAILS (Please provide as much information as possible)

Material Supplied: (see website for tissue requirements)	Estimated % of tumour nuclei (required for curls/DNA)	
FFPE Block <input type="checkbox"/> Unstained Slides <input type="checkbox"/>	10-20% <input type="checkbox"/>	51-75% <input type="checkbox"/>
Sections 'curls' <input type="checkbox"/> Other: _____ <input type="checkbox"/>	21-50% <input type="checkbox"/>	>75% <input type="checkbox"/>
Primary Tumour Site: e.g. Lung	Tumour Sub-Type: e.g. Adenocarcinoma	Tissue Sample Supplied: e.g. Liver

Address for return of FFPE block or other unused material:

Note: If left blank, material will be returned to the same address as specified for the analysis report.

ANALYSIS REQUIRED (*Rapid assays are 2 working days, subject to sample suitability. See website for full details)

BRAF: <input type="checkbox"/> <small>Analysis of codon 600 variants. Uses Therascreen CE-IVD test from Qiagen (6 working days).</small>	BRAF: <input type="checkbox"/> <small>(Rapid*) Analysis of codon 600 variants. Uses Idylla CE-IVD test from Biocartis.</small>	Colorectal screen: <input type="checkbox"/> <small>(Rapid*) Analysis of KRAS with reflex to NRAS (extended RAS screen) & BRAF Codon 600 variants in KRAS wildtype cases. Uses Idylla CE-IVD tests from Biocartis.</small>	EGFR: <input type="checkbox"/> <small>(Rapid*) Analysis of common EGFR variants with associated therapeutic indications. Uses Idylla CE-IVD test from Biocartis.</small>	Lung fusion screen: <input type="checkbox"/> <small>(Rapid*) Analysis of common ALK, ROS1, RET fusion, & MET exon 14 skipping transcripts. Uses Idylla RUO (validated in-house, ISO ETS pending) test from Biocartis.</small>
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