

BIOMARKER REQUEST FORM



****PLEASE SEND THIS FORM TO THE SOURCE ANATOMICAL PATHOLOGY LABORATORY****

REQUESTOR TO COMPLETE:

Patient: NHI: _____ Date of Birth: _____ Surname: _____
Given names: _____
Requesting clinician: Name: _____
E-mail: _____ Contact phone number: _____
Copy of report to: Name: _____
E-mail: _____ Contact phone number: _____

MOLECULAR TESTING

INDICATION

- | | |
|---|---|
| <input type="checkbox"/> <i>EGFR</i> +/- ALK, ROS1 | Non-squamous Non-small cell lung cancer. Note PD-L1 (TPS) is included |
| <input type="checkbox"/> <i>KRAS/BRAF/NRAS</i> , HER2 | Metastatic left-sided Colorectal Carcinoma |
| <input type="checkbox"/> <i>BRAF</i> | Metastatic Melanoma (stage III/IV) |

PD-L1 TESTING

INDICATION

- | | |
|--|----------------------------|
| <input type="checkbox"/> PD-L1 (TPS) SP263 | Non-small cell lung cancer |
| <i>NOTE: decalcified samples are NOT suitable; A minimum of 100 cells on tissue section is required</i> | |
| <input type="checkbox"/> PD-L1 (CPS) 22C3 | |
| <i>NOTE: cytology (including cell blocks) and decalcified samples are NOT suitable; A minimum of 100 cells on tissue section is required</i> | |
| <input type="checkbox"/> Metastatic Triple Negative Breast Cancer | |
| <input type="checkbox"/> Metastatic Head and Neck Squamous Cell Carcinoma (mucosal origin) | |
- The following indications are NOT covered by Health New Zealand and payment is required
- | |
|--|
| <input type="checkbox"/> Metastatic Gastric and Oesophagogastric Junction Adenocarcinoma |
| <input type="checkbox"/> Metastatic Oesophageal Squamous Cell Carcinoma |
| <input type="checkbox"/> Metastatic Cervical Cancer |
| <input type="checkbox"/> Other: please discuss with one of the pathologists listed below |
- ☐ Attach Biomarker Consent and Payment form

For all molecular and PD-L1 enquiries, please contact Dr Michael Lau (michael.lau@awanuilabs.co.nz 03-474 8322) or Dr Martha Nicholson (martha.nicholson@awanuilabs.co.nz, 03-474 8319) or Dr Cody Ross (cody.ross@awanuilabs.co.nz)

SOURCE ANATOMICAL PATHOLOGY LABORATORY INSTRUCTIONS

Original CMS number: _____
Original daybook number: _____ Block to use: _____

Send the following:

1. FFPE tissue block of tumour
2. Copy of the original pathology report from source laboratory (including specimen type, date and time collected laboratory specimen number)
3. This request form to: Awanui Labs - Anatomical Pathology - Level 2, Plunket House, 472 George St, Dunedin, 9016

AWANUI LABS only

New CMS number	Ultra test code:	LFR	LKR	LBR	LSH
<input type="checkbox"/> Health New Zealand	<input type="checkbox"/> PPD (patient paid)				