

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

PD-L1 TESTING

INDICATION

<input type="checkbox"/> PD-L1 (TPS) SP263	Non-small cell lung cancer
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NOTE: decalcified samples are NOT suitable; A minimum of 100 cells on tissue section is required

<input type="checkbox"/> PD-L1 (CPS) 22C3

NOTE: cytology (including cell blocks) and decalcified samples are NOT suitable; A minimum of 100 cells on tissue section is required

<input type="checkbox"/> Metastatic Triple Negative Breast Cancer

<input type="checkbox"/> Metastatic Head and Neck Squamous Cell Carcinoma (mucosal origin)
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The following indications are NOT covered by Health New Zealand and payment is required

<input type="checkbox"/> Metastatic Gastric and Oesophagogastric Junction Adenocarcinoma
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<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
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<input type="checkbox"/> Attach Biomarker Consent and Payment form
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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)
