

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

- EGFR +/- ALK, ROS1* Non-squamous non-small cell lung cancer. Note PD-L1 (TPS) is included
- KRAS/BRAF/NRAS, HER2* Metastatic left-sided Colorectal Carcinoma
- BRAF* Metastatic Melanoma (stage III/IV)
- The following indications are NOT covered by Health New Zealand and payment is required
- KRAS/BRAF/NRAS, HER2* Metastatic right-sided Colorectal Carcinoma
- Attach Biomarker Consent and Payment form

PD-L1 TESTING

INDICATION

- PD-L1 (TPS) Non-small cell lung cancer
NOTE: decalcified samples are NOT suitable; A minimum of 100 cells on tissue section is required
- PD-L1 (CPS +/- TAP)
NOTE: cytology (including cell blocks) and decalcified samples are NOT suitable; A minimum of 100 cells on tissue section is required
- Metastatic Triple Negative Breast Cancer (CPS)
- Metastatic Head and Neck Squamous Cell Carcinoma (mucosal origin) (CPS)

The following indications are NOT covered by Health New Zealand and payment is required

- Metastatic Gastric and Oesophagogastric Junction Adenocarcinoma: PD-L1 (CPS + TAP)
- Metastatic Oesophageal Squamous Cell Carcinoma: PD-L1 (TPS, CPS + TAP)
- Metastatic Cervical Cancer (CPS)
- 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 _____
 Health New Zealand PPD (patient paid)