

BIOMARKER CONSENT AND PAYMENT FORM

(To be accompanied by Awanui Labs Biomarker Request Form)

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

Patient Consent

I understand that laboratory testing on my tissue sample is part of the investigation for my tumour and the test performed has been explained to me by the requesting clinician. I give permission for my tissue sample to have the following test performed and the test result will be sent to the requesting clinician.

☐ **PD-L1 (CPS) 22C3 immunohistochemistry** (Test reference code – P1) for Metastatic Gastric and Oesophagogastric Junction Adenocarcinoma, Metastatic Oesophageal Squamous Cell Carcinoma, Metastatic Cervical Cancer, Other cancers
\$300.00 (inc. GST)

☐ **KRAS/BRAF/NRAS Idylla PCR + HER2 immunohistochemistry** (Test reference code – P2) for Metastatic Right-sided Colonic Adenocarcinoma
\$828.00 (inc. GST)

Patient signature:

Date:

All pricing is reviewed annually on 1 July.

Payment Details (samples will be processed when payment is received)

Internet Banking Details (Please use SURNAME, NHI and TEST reference code)

Bank: ANZ
Account: Southern Community Laboratories T/A Awanui
Account number: 01 0906 0090006 00

Credit Card Payment: Payment by Credit Card may be made over the phone by calling the Awanui Labs Accounts Department on 03 474 8341

Total Paid: ☐ **Tick if receipt required**