BIOMARKER REQUEST FORM

Awanui Labs

PLEASE SEND THIS FORM TO THE SOURCE ANATOMICAL PATHOLOGY LABORATORY

REQUESTOR TO COMPLETE

Surname:	**Given names:**
NHI:	**Date of Birth:**
Requesting clinician name:	
Contact phone number:	**E-mail:**
Copy of report to:	**Phone / e-mail:**

SELECT TESTING REQUIRED

HEALTH NEW ZEALAND FUNDED

Tick	Type	Test	Indication
☐	Molecular	EGFR +/- ALK, ROS1, PD-L1 (TPS)	Non-squamous Non-small Cell Lung Cancer
☐	Molecular	KRAS/BRAF/NRAS, HER2 (HERACLES)	Metastatic Left-sided Colorectal Carcinoma
☐	Molecular	BRAF	Metastatic Melanoma (stage III/IV)
SPECIMEN REQUIREMENTS for the following tests: minimum 100 cells on tissue section • Decalcified samples are NOT suitable • Cytology (including cell blocks) is NOT suitable for CPS or TAP			
☐	PD-L1	PD-L1 (TPS)	Non-small Cell Lung Cancer
☐	PD-L1	PD-L1 (CPS)	Metastatic Triple Negative Breast Cancer
☐	PD-L1	PD-L1 (CPS)	Metastatic/Recurrent Head and Neck Squamous Cell Carcinoma (mucosal origin)

PATIENT PAID — attach Biomarker Consent and Payment form

Tick	Type	Test	Indication
☐	Molecular	KRAS/BRAF/NRAS, HER2	Metastatic Right-sided Colorectal Carcinoma
☐	Molecular	KRAS/NRAS	Advanced Pancreatic Ductal Adenocarcinoma
SPECIMEN REQUIREMENTS for the following tests: minimum 100 cells on tissue section • Decalcified samples are NOT suitable • Cytology (including cell blocks) is NOT suitable for CPS or TAP			
☐	IHC	PD-L1 (CPS, TAP)	Advanced Gastric or OGJ Adenocarcinoma
☐	IHC	PD-L1 (TPS, CPS, TAP)	Advanced Oesophageal Squamous Cell Carcinoma
☐	IHC	PD-L1 (CPS)	Advanced Cervical Cancer
☐	IHC	PD-L1 (CPS)	Advanced Biliary Tract Cancer
☐	IHC	PD-L1 (CPS)	Advanced Ovarian Cancer
☐	IHC	Claudin 18.2	Advanced HER2 negative Gastric or OGJ Adenocarcinoma
☐	IHC	FOLR1	Platinum resistant Advanced Ovarian Serous Cancer
☐	IHC	PD-L1 Other	Please contact pathologist as below

LABORATORY USE

SOURCE ANATOMICAL PATHOLOGY LABORATORY INSTRUCTIONS

Original CMS number: _____

Original daybook number: _____

Block to use: _____

Please send to Awanui Labs – Anatomical Pathology – Level 2, Plunket House, 472 George St, Dunedin, 9016:

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

AWANUI LABS ONLY

New CMS number: _____

Ultra test code: ☐ LFR ☐ LKR ☐ LBR ☐ LSH ☐ CLD ☐ FOR

Funding: ☐ Health New Zealand ☐ PPD (patient paid)

ENQUIRIES / CONTACT

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