

SOMATIC MUTATION TESTING REQUEST FORM (WA)

INSTRUCTIONS FOR CLINICIANS

- 1 Please complete this page in FULL
- 2 FAX this form and a copy of the original histopathology report to: Fax: 08 9213 2193 or email: wa.molecular@clinicallabs.com.au
- 3 For any enquiries, please phone: 08 9213 2163 | 1300 367 674 or email: wa.molecular@clinicallabs.com.au

COMPLETE THE FOLLOWING DETAILS:

Patient Details		Clinical Information	
Name: Date of Birth: Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE Address: Medicare No: Health Fund: Fund No: Patient status at time sample was collected: <input type="checkbox"/> private patient in a private hospital, or approved day hospital facility <input type="checkbox"/> private patient in a recognised hospital <input type="checkbox"/> outpatient of a recognised hospital Hospital Name: Signature Date:		Is this a new diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient been treated with systemic anti-tumour therapy?* <input type="checkbox"/> Yes <input type="checkbox"/> No Patient Stage*: Tumour Type: <input type="checkbox"/> Colorectal carcinoma <input type="checkbox"/> Non-small cell lung cancer <input type="checkbox"/> Metastatic Melanoma <input type="checkbox"/> Other <input type="checkbox"/> Do not send reports to My Health Record <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> * Clinical stage and/or treatment status may determine eligibility for funding by Medicare or pharmaceutical access programs. If this information is not indicated, the patient may be privately billed (see back of form). </div>	
Test Required			
Gene Target	Tick if Required	Medicare Criteria Met?	
Colorectal Panel (KRAS, NRAS, BRAF, PIK3CA, PTEN & AKT1)	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Lung Panel (EGFR, KRAS, NRAS, BRAF, PIK3CA, MEK1, AKT1 & ERBB2) • All EGFR neg are ALK(IHC) tested, if over expressed ALK(FISH)	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Melanoma Panel (BRAF, NRAS, KIT)	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ALK (IHC)	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ALK (FISH) (referred out test)	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TruSight Tumour (***) see over page for credit card payment (26 gene panel)	<input type="checkbox"/>	\$750.00	
EndoPredict (***) see over page for credit card payment (Multi gene assay for early stage breast cancer, ER+ HER2-)	<input type="checkbox"/>	\$2980.00	
Referring Clinician Details		Specimen to be tested ID	
Name: Address: Email: Phone: Fax: Mobile: Date requested: Provider No: Referring Clinician Signature:		SPECIMEN LOCATION: LAB NO: BLOCK NO: Date of Collection: Copy Doctor Details Name: Address: Phone: Fax:	

