

TruSight Oncology 500 Request Form

Reference MP-MD-GEN-07 TruSight Oncology 500 Standard Operating Procedure

*Study Name: **Not applicable**

Study ID: **Not applicable**

PATIENT DETAILS

Surname:

First names:

Male Female DOB (DD/MM/YYYY): / /

Address:

Email:

Phone:

TUMOUR SAMPLE

Specimen Type FFPE Fresh (Please discuss with laboratory)

Identifier (Block/Tissue ID):

Custodial Lab:

Sample enclosed Peter Mac to request sample

*Permission to exhaust block: Yes No

We will assume permission is granted if no selection is made

*Please include a copy of the pathology report with this request

REQUESTING PHYSICIAN DETAILS

Name:

Address:

Phone:

*Email:

Provider No:

Doctor Signature:

COPY TO DOCTOR

Name: **Richard Lloyd, Sequenca Genetics**

*Email: **richard@sequenca.nz**

CLINICAL DETAILS (e.g. disease type, grade, treatment, response status)

PETER MAC PATHOLOGY REGISTRATION INSTRUCTIONS

TEST: TruSight Oncology 500

AUSLAB Test Code: PTO
AUSLAB Bill Category: PEND

*Required field