

Liquid Biopsy Lung Panel Referral Form

Patient Information	
Surname:	First name:
NHI:	Sex at birth (please circle): M / F
DOB:	
Sample Details and Clinical Information	
Specimen type: Peripheral blood (min 8mL in a Streck tube – butterfly syringe or large gauge needle ONLY)	
Date and time collected:	
Supporting clinical information:	
Please attach pathology report	
Test Requested	
Patients who meet the criteria below are eligible for a l whether they have an EGFR T790M mutation. Ineligible this form, but should use the IGENZ General Referral F	
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Molecular Oncology: Lung UltraSEEK® Panel	
Reporting Information	
Referring Dr:	NZMC#:
Contact #:	Email:
Signature:	Date:
Copy to Dr:	Email:
Privacy Notice	
The Liquid Biopsy Lung Panel is funded by AstraZeneca Ltd for this specific cohort of patients. Under IGENZ's arrangements with AstraZeneca, we provide AstraZeneca with certain information relating to the delivery of this service, including your name as the referring practitioner. AstraZeneca will use this information for administrative purposes in relation to the testing programme for the duration of the funding, including monitoring your AstraZeneca-provided Streck tube stock on hand. We will not disclose any other information (including any patient personal information) to AstraZeneca. AstraZeneca's use of your personal information will be goverened by their privacy notice (https://azprivacy.astrazeneca.com). Our use of your personal information will continue to be goverened by our privacy policy (based on the Health Information Privacy Code 2020, as stated in our Confidentialy Policy). By providing us with your personal information on this form, you agree to the disclosure of your personal information to AstraZeneca as set out in this privacy notice.	
Supplementary Information	

Please refer to our website for specific sample requirements: $\underline{www.igenz.co.nz}$

