

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:

Previously detected mutation:

Date detected:

Supporting clinical information:

****Please attach pathology report****

Test Requested

Patients who meet the criteria below are eligible for a liquid biopsy lung panel funded by AstraZeneca to assess whether they have an EGFR T790M mutation. Ineligible patients may request this test, however must not use this form, but should use the IGENZ General Referral Form.

I confirm this adult patient has been diagnosed with non-small cell cancer and has confirmed progression after treatment with a 1st-generation EGFR-targeting Tyrosine Kinase Inhibitor (Gefitinib or Erlotinib).

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 governed by their privacy notice (<https://azprivacy.astrazeneca.com>). Our use of your personal information will continue to be governed by our privacy policy (based on the Health Information Privacy Code 2020, as stated in our Confidentiality 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: www.igenz.co.nz