

# Te Whatu Ora

## 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

☐ ***I confirm this adult patient has been diagnosed with locally advanced or metastatic non-small cell cancer and EGFR tissue testing is not an option or has failed.***

☐ ***I confirm this adult patient has confirmed progression after treatment with a 1<sup>st</sup>-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:

### Supplementary Information

*Please refer to our website for specific sample requirements: [www.igenz.co.nz](http://www.igenz.co.nz)*