



Hospital Avenue, Nedlands
Western Australia 6009
ABN 83 469 340 804

RESULTS &
ENQUIRIES
13 PATH
7284

Molecular Anatomical Pathology
GENOMIC TEST REQUEST FORM
SOLID TUMOUR – NON MBS

PathWest
Lab I.D.

PATIENT Surname	Given Name (Including Middle Initial)	SEX M / F	DOB: DD / MM / YYYY	UMRN
PATIENT Address		Telephone (Home)		Telephone (Business)
Is Patient of Aboriginal Descent? <input type="checkbox"/> Yes <input type="checkbox"/> No				

NON-MBS Single Gene Detection

PLEASE TICK

Somatic variant detection of:

- | | | |
|--|---|---|
| <input type="checkbox"/> TERT promoter hot spot mutation | <input type="checkbox"/> GNA11 hot spot variants | <input type="checkbox"/> PIK3CA hot spot variants |
| <input type="checkbox"/> ERBB2 (HER2) hot spot variants | <input type="checkbox"/> MAP2K1 hot spot variants | <input type="checkbox"/> POLE hot spot variants |
| <input type="checkbox"/> GNAQ hot spot variants | <input type="checkbox"/> MET hot spot variants, inc. exon 14 skipping | <input type="checkbox"/> TP53 loss of function variants |

NON-MBS Multi-Gene Next Generation Sequencing (NGS) Panels

AMPLISEQ: Analysis of 33 cancer related genes

AKT1, ALK, APC, BAP1, BRAF, CDH1, CTNNB1, EGFR, ERBB2, FBXW7, FGFR2, FOXL2, GNAQ, GNAS, GNA11, IDH1, IDH2, KIT, KRAS, MAP2K1, MET, MSH6, MYD88, NRAS, PDGFRA, PIK3CA, POLE, PTEN, SMAD4, SRC, STK11, TERTp, TP53

Trusight Tumour TST170

Includes analysis of 170 cancer related genes for SNVs and indels, analysis of 59 genes for copy number variation and detection of gene rearrangement (fusions) and splicing events for 55 genes

Trusight Oncology TSO500

Analysis of 523 cancer related genes for SNVs and indels, analysis of 523 genes for copy number variation and detection of gene rearrangement (fusions) and splicing events for 55 genes. This assay also analyses Tumour Mutation Burden (TMB), Microsatellite Instability (MSI) and Homologous Recombination Deficiency (HRD)

CLINICAL NOTES

SPECIMEN DETAILS

- Histopathology Cytopathology

Specimen Number

Laboratory

SEND THIS REQUEST FORM TO

QEmolecularap.Pathwest@health.wa.gov.au

BILLING

- MBS: MEDICARE DETAILS PROVIDED
 BILL TO PATIENT: COSTS DISCUSSED
 BILL TO INSURANCE PROVIDER:

Insurer:

Policy Number:

Medicare Assignment

(Section 20A Health Insurance Act 1973) I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner.

PATIENT Signature and Date

X /...../.....

MEDICARE NUMBER

----- Ref _

Exp /

REQUESTING CONSULTANT

Name: Provider Number:

X /...../.....

Requesting Doctor Signature

I declare that this patient has been made aware of costs associated with the requested test.

Send results to HDWA Clinical Information System (iCM) – See CIS Informed Consent Information Sheet

Patient: I consent for my results to be stored in the iCM

Signature: X.....

COPY DOCTOR:

LABORATORY USE