

***Non-MBS Comprehensive Genomic Profiling Panel:***

*PLEASE TICK*

□ **TSO500 NGS**

*Comprehensive genomic profiling of solid tumours using Illumina NGS TSO500 gene panel. Includes analysis of 523 cancer related genes for SNVs and indels and copy number variants and 55 genes for detection of gene rearrangements (fusions) and splicing events. This assay also analyses Tumour Mutation Burden (TMB) and Microsatellite Instability (MSI).*

□ **Homologous Recombination Deficiency (HRD)** *–for high grade serous or other high grade ovarian, fallopian tube or primary peritoneal carcinoma ONLY*

□ ***Note (please acknowledge)****: This assay may detect an incidental finding of a variant of germline significance for both the patient and family members. Please ensure the patient is made aware of this.*

**CLINICAL NOTES** (*Please also fill in and return the Patient Clinical Information Form)*

***REQUESTING CONSULTANT***

**Name: Provider Number: Fax** (*private consultants only*)**:**

X………………………………………………………………….. ……/……/……….

Requesting Doctor Signature

*(Private referrals only) 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……………………………………………

**BILLING**

□ PUBLIC PATIENT

□ PRIVATE PATIENT:

□ BILL TO PATIENT: COSTS DISCUSSED

**SEND THIS REQUEST FORM TO**

*QEmolecularap.Pathwest@health.wa.gov.au*

**SPECIEMEN DETAILS** *(Please include PDF copy of external histopathology/cytopathology)* □Histopathology □ Cytopathology

*Specimen Number*

*………………………………………………………………………………..*

*Laboratory*

*………………………………………………………………………………..*

□ PDF report included

**COPY DOCTOR:**

***LABORATORY USE***

Molecular Anatomical Pathology

**GENOMIC TEST REQUEST FORM**

**TSO500 NGS**

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PathWest

Lab I.D.

Telephone (Business)

UMRN

□ Yes □ No

Telephone (Home)

DOB: DD / MM / YYYY

SEX M / F

Given Name (Including Middle Initial)

PATIENT Address

PATIENT Surname



Is Patient of Aboriginal Descent?