



XING
GENOMIC SERVICES

TEST REQUEST FORM, ONCO/Reveal™ STP Assay

PATIENT INFORMATION		REQUESTING PHYSICIAN INFORMATION	
Family Name:	Sex:	Full Name:	
Given Name:		Phone:	
Reference/Medical Record Number:		Email:	
Date of Birth (DD / MM / YYYY):		Fax:	
Address:		Address:	
City:	Post Code:	City:	Post Code:

Copy reports to: (Please add genetic counsellor or other physician details if desired)

Full Name:

Email:

Fax: Date:

TEST REQUESTED

ONCO/Reveal™ STP Assay (Testing of known hotspots in 47 genes involved in solid tumours. The list of genes can be obtained upon request.)

Cost: AUD1500 (Medicare rebate **not** available)

CLINICAL DETAILS

Diagnosis & Stage:

Has the patient failed first line therapy? YES NO

Treatment: (Tick all that apply) Surgery Radiation Chemotherapy

Specimen Site:

Date of Collection:

PERSON COLLECTING SPECIMEN TO COMPLETE BELOW:

I certify I established the identity of the patient named on this request, collected and immediately labelled the accompanying specimen(s) with the patient details. Name: Signature:

Holding Laboratory Details (PLEASE INCLUDE PATIENT HISTOLOGY REPORT WITH TEST REQUEST FORM)

Laboratory Name:

Address:

Phone: Fax:

Lab Reference ID: Patient Histology Report Attached

NOTE: 10 x 10um unstained sections plus one adjacent H&E-stained section are PREFERRED.

ONCE COMPLETED attach this form to patient histology report and send all to XING GENOMIC SERVICES

TEST AUTHORISATION AND CONSENT

My signature certifies that this test information will inform the patient's ongoing treatment plan and certifies that I am the patient's treating physician. I have explained to the patient the nature and purpose of the testing to be performed and have obtained informed consent to permit XING Genomic Services to perform the testing specified herein.

Treating Physician Name: Treating Physician Signature: Date:

IMPORTANT: Please note testing will not commence BEFORE payment information is received. To optimise the accuracy of test result interpretation and avoid delays, please complete the entire form.