

Request for EGFR gene analysis of circulating tumour DNA (ctDNA) for NSCLC patients
All Wales Genomics Laboratory

Fill in patient details below, or affix addressograph			
Patient forename(s):		Patient surname:	Lead Consultant:
DoB:	Sex:	Hospital (to send report to):	Requested by:
Address: Postcode:		Hospital number:	DATA ESSENTIAL FOR PROCESSING Report to (NHS email address(es)):
		Alternative hospital number:	
		NHS number:	
		Date requested:	
Date and time of blood draw: dd/mm/yyyy _____ hh:mm _____			
Referral details: (Essential information; tick those that apply; provide further info where relevant)			
<input type="checkbox"/> Inadequate biopsy/ unsuitable for biopsy (screen for exon 19 dels, L858R and T790M)			
<input type="checkbox"/> Progression on EGFR-TKI therapy/ p.T790M status			
Details of primary EGFR mutation or copy of report: _____			
<input type="checkbox"/> Other: _____			
Other referral information (e.g. Tumour Histology/TNM/Treatment information):			
Instructions for sending samples:			
<ul style="list-style-type: none"> • Please provide 10-20ml whole blood in 1-2 Streck Cell-Free DNA BCT® or Janssen CellSave Preservative Tubes (Streck tubes available on request from the laboratory) • Please invert the tube gently 8-10 times following blood draw • Please dispatch samples within 24 hours of collection at ambient temperature; do not refrigerate or freeze the sample. Samples must reach the lab within 96 hours. Sample collection from UHW wards can be coordinated by prior arrangement. • Please ensure all blood tubes are clearly labelled with the patient's name and DOB and that all details on this form have been completed. • We do not recommend that blood samples are taken whilst the patient is receiving chemotherapy. • Samples should NOT be sent to the lab on Fridays unless extremely urgent and by prior request. 			
Samples should be dispatched as soon as possible as the patient's treatment is dependent upon the molecular analysis. A copy of the report will be returned to those listed once the analysis is complete.			
For full details of testing please see laboratory website at https://www.medicalgenomicswales.co.uk/			
Funding (information mandatory for testing):			
<input type="checkbox"/> Welsh NHS patient – WHSSC-funded		<input type="checkbox"/> Other (please specify): _____	



AWMGS

All Wales Medical Genomics Service

Please send the sample and completed request form to:

All Wales Medical Genomics Laboratory
Institute of Medical Genetics
University Hospital of Wales
Heath Park
Cardiff CF14 4XW

Laboratory contact details for enquiries:

Phone: 02921 844023

Email: lab.genetics.cav@wales.nhs.uk

