

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

| Fill in patient det | ails below, or affix | addressograph | |
|---|---|--|--|
| Patient forename(s): | | Patient surname: | Lead Consultant: |
| DoB: | Sex: | Hospital (to send repor | t to): Requested by: |
| Address: | | Hospital number: | DATA ESSENTIAL FOR PROCESSING Report to (NHS email address(es)): |
| | | Alternative hospital nu | mber: |
| | | NHS number: | |
| Postcode: | | Date requested: | |
| Date and time o | f blood draw: | dd/mm/yyyy | hh:mm |
| Relevant clinical | information (e.g. | Tumour Histology/TNM/Tre | eatment information): |
| | | | |
| Instructions for | sending samples: | | |
| Please i Please c sample. arrange Please c have be We do r Samples Samples should copy of the report For full details of | nvert the tube gen lispatch samples w Samples must read ment. Insure all blood tub en completed. Not recommend that is should NOT be se be dispatched as s rt will be returned | ch the lab within 96 hours. S bes are clearly labelled with at blood samples are taken v nt to the lab on Fridays unle oon as possible as the patie to those listed once the an laboratory website at <u>https</u> | at ambient temperature; do not refrigerate or freeze the sample collection from UHW wards can be coordinated by prior the patient's name and DOB and that all details on this form whilst the patient is receiving chemotherapy. ess extremely urgent and by prior request. ent's treatment is dependent upon the molecular analysis. A |
| | itient – WHSSC-fur | | □ Other (please specify): |
| Please send the | sample and comple al Genomics Labor ical Genetics tal of Wales | eted request form to: | Laboratory contact details for enquiries: Phone: 02921 844023 Email: <u>lab.genetics.cav@wales.nhs.uk</u> |