

TEST REQUISITION FORM

TEST SELECTION					
<input type="checkbox"/> NON-COLORECTAL KRAS (NGS)	<input type="checkbox"/> NON-COLORECTAL NRAS (NGS)	<input type="checkbox"/> BRAF (NGS)	<input type="checkbox"/> EGFR (NGS)		
<input type="checkbox"/> COLORECTAL KRAS TESTING (NGS)	<input type="checkbox"/> IF KRAS IS NEGATIVE, DO YOU GIVE PERMISSION TO PROCEED TO REFELX NRAS TESTING (This will incur an additional charge).				
<input type="checkbox"/> MSI (Molecular)			<input type="checkbox"/> MLH1 Promotor Methylation (Molecular)		
<input type="checkbox"/> MMR (IHC)	<input type="checkbox"/> CMV (IHC)	<input type="checkbox"/> ALK (IHC)	<input type="checkbox"/> MAF (ISH)		
<input type="checkbox"/> ER (IHC)	<input type="checkbox"/> PR (IHC)	<input type="checkbox"/> HER2 (IHC/ISH)	<input type="checkbox"/> HER2 (ISH only)		
<input type="checkbox"/> OTHER (Please specify):					
<input type="checkbox"/> FOR OTHER IHC REQUESTS:		<input type="checkbox"/> STAIN AND REPORT		<input type="checkbox"/> STAIN ONLY	
PRIMARY TUMOUR TYPE					
<input type="checkbox"/> Colorectal	<input type="checkbox"/> Melanoma	<input type="checkbox"/> Lung	<input type="checkbox"/> Breast	<input type="checkbox"/> Gastric	<input type="checkbox"/> Endometrial
<input type="checkbox"/> OTHER (Please specify):					
PATIENT INFORMATION			SAMPLE INFORMATION		
LAST NAME:			BLOCK ID/HISTOLOGY No.:		
FIRST NAME:			No. BLOCKS SENT:		No. SLIDES SENT:
DATE OF BIRTH:			ADDITIONAL COMMENTS REGARDING MATERIAL SENT:		
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> UNKNOWN			
			ATTACHED CASE REPORT: <input type="checkbox"/> YES <input type="checkbox"/> NO		
			TUMOUR BURDEN (If known):		
PERMISSIONS					
<input type="checkbox"/>	For blocks which contain limited tissue it may be necessary to use all remaining tissue. If you DO NOT give permission for this practice, please mark this box				
<input type="checkbox"/>	If multiple blocks are submitted, all blocks will be tested by default; if 'best block' selection is required please mark this box				
SENDER INFORMATION					
NAME:			ADDRESS:		
DEPARTMENT:					
PHONE NUMBER:					
EMAIL:					
SIGNATURE:			DATE:		
TERMS AND CONDITIONS					
<p>Services provided by Source BioScience UK Limited are subject to our terms and conditions for the supply of services to the exclusion of all other terms and conditions (including any terms or conditions which you purport to apply under any purchase order, confirmation order, specification or other document). Our terms and conditions for the supply of services can be found at http://sourcebioscience.com/company/terms-and-conditions. Copies may be obtained by email sales@sourcebioscience.com or telephone request +44 (0)115 973 9012. Clients should understand that by submitting this Requisition Form to us you agree to be bound by our Terms and Conditions for the supply of services. If you refuse to accept our terms and conditions for the supply of services, then you will not be able to order services from us and should not submit this Requisition Form to us</p>					