

REQUISITION – Molecular Oncology Liquid Biopsy NGS



**Hamilton Regional
Laboratory Medicine
Program**

Juravinski Hospital

Clinical Genetics Laboratory - Room H2-19A
711 Concession Street, Hamilton, ON L8V 1C3
Phone: (905) 521-2100 x73707
Email: geneticsmailbox@hhsc.ca

Patient Information

*Name (print):

Surname, First Name

*DOB (DD/MM/YYYY):

*Sex: M F Other

*Health Card No.:

**Mandatory Information. Specimen cannot be processed without this data.*

Note: Specimen collection is NOT completed at this lab.

Reports To:

Additional Copies To:

*Ordering Physician: _____

*Address: _____

*Phone: _____ *Fax: _____

*Email: _____

*Authorized Signature: _____

*Name: _____

*Address: _____

*Phone: _____

*Fax: _____

*Email: _____

Please see the HRLMP Laboratory Test Information Guide (LTIG) for complete sample requirements and test information:

<https://ltig.hrlmp.ca/>

SPECIMEN INFORMATION:

- Transport at room temperature to the above address.
- Samples should be received in the laboratory within 3 days of collection.
 - Samples received 3 days post collection may show signs of RNA degradation.
 - Samples received more than 14 days later will not be processed for testing.
- If required, store sample at room temperature.
- Do not fix, freeze or spin samples.

Specimen Collection Requirements: Peripheral blood, 2 x 8mL per tube (16mL total) in **Streck** tubes.

Mandatory Information: Sample Collection Date: _____ Sample Collection Time: _____

TEST REQUESTED:

Liquid Biopsy Ion NGS Testing; detection of circulating tumour DNA of Non-Small Cell Lung Cancer by NGS

Mandatory Information:

Test Eligibility: Is this a newly diagnosed patient with NSCLC with insufficient tissue sample, difficult to reach tumour tissue, or that is otherwise unable to undergo tissue biopsy?

Yes

No (Testing of tissue biopsy is recommended instead, consult with pathology for testing)

LAB USE ONLY