

**PLEASE FILL UP THIS FORM CORRECTLY/COMPLETELY/LEGIBLY**

**LABORATORY REQUEST FORM**

<input type="checkbox"/> Walk -in	<input type="checkbox"/> Home Service	<input type="checkbox"/> Referral	<input type="checkbox"/> Corporate Client
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<p><b>PATIENT DETAILS</b></p> <p>Name of Patient: <input type="text"/></p> <p>Date of Birth (dd/mm/yyyy): <input type="text"/> Age: <input type="text"/></p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Contact Number: <input type="text"/></p> <p>Email Address: <input type="text"/></p> <p>Patient's Address: <input type="text"/></p> <p>Referring Clinic/Hospital: <input type="text"/></p>	<p><b>SPECIMEN &amp; REQUEST PREPARATION</b></p> <p>Requesting/Referring Physician: <input type="text"/></p> <p>Specimen Collected By: <input type="text"/></p> <p>Date of Collection (dd/mm/yyyy): <input type="text"/></p> <p>Time of Collection: <input type="text"/></p> <p>Clinical Information/Summary: <input type="text"/></p>
<p><b>SPECIAL REQUESTS</b></p> <p><input type="checkbox"/> STAT</p> <p><input type="checkbox"/> Send Results Via Email/WhatsApp.</p>	<p><b>BILL TO</b></p> <p><input type="checkbox"/> Doctor <input type="checkbox"/> Laboratory</p> <p><input type="checkbox"/> Hospital <input type="checkbox"/> Patient</p>

**SPECIAL SPECIMEN PICK-UP:**

- If you have a specimen to be picked up by our local courier, please call **+233 (0) 59-900-9977** no later than **2 hours** prior to the closing of our facility.
- If you have a specimen pick-up outside Accra, please call our **Business Development Lead** on **+233 (0) 59-802-3331** or **Customer Service** at **+233 (0) 59-900-9977** no later than **3 hours** prior to the closing of our facility.

**NOTE: Working Hours are Monday - Friday (8:00 am – 8:00 pm)**

**PLEASE CHECK PANELS/INDIVIDUAL TESTS REQUESTED**

(For starting materials for each biomarker test required, please refer to the Biomarker table at the back of the form)

**Oncology Panels (Molecular Profiling) - Solid Tumors**

<p><b>Breast Cancer</b> <input type="checkbox"/></p> <p><input type="checkbox"/> DPYD <input type="checkbox"/> PIK3CA  <input type="checkbox"/> MSI <input type="checkbox"/> UGT1A1  <input type="checkbox"/> NTRK Fusion</p>	<p><b>Cervical Cancer</b> <input type="checkbox"/></p> <p><input type="checkbox"/> HPV  <input type="checkbox"/> MSI  <input type="checkbox"/> NTRK fusion</p>	<p><b>Cholangiocarcinoma</b> <input type="checkbox"/></p> <p><input type="checkbox"/> DPYD <input type="checkbox"/> NTRK Fusion  <input type="checkbox"/> IDH1-2  <input type="checkbox"/> MSI</p>
<p><b>Colorectal Cancer</b> <input type="checkbox"/></p> <p><input type="checkbox"/> BRAF <input type="checkbox"/> NRAS  <input type="checkbox"/> DPYD <input type="checkbox"/> NTRK Fusion  <input type="checkbox"/> KRAS <input type="checkbox"/> PIK3CA  <input type="checkbox"/> MSI <input type="checkbox"/> UGT1A1</p>	<p><b>Cutaneous Melanoma</b> <input type="checkbox"/></p> <p><input type="checkbox"/> BRAF  <input type="checkbox"/> MSI  <input type="checkbox"/> NTRK fusion</p>	<p><b>Genotyping Assays</b></p> <p><input type="checkbox"/> DPYD  <input type="checkbox"/> UGT1A1</p>
<p><b>Glioma</b> <input type="checkbox"/></p> <p><input type="checkbox"/> IDH1-2 <input type="checkbox"/> MSI  <input type="checkbox"/> MGMT <input type="checkbox"/> NTRK Fusion</p>	<p><b>Head and Neck Cancer</b> <input type="checkbox"/></p> <p><input type="checkbox"/> DPYD <input type="checkbox"/> HPV <input type="checkbox"/> HRAS  <input type="checkbox"/> MSI <input type="checkbox"/> NTRK fusion</p>	<p><b>Hepatocellular Carcinoma</b> <input type="checkbox"/></p> <p><input type="checkbox"/> MSI  <input type="checkbox"/> NTRK fusion</p>
<p><b>Liquid Biopsy</b></p> <p><input type="checkbox"/> BRAF  <input type="checkbox"/> EGFR  <input type="checkbox"/> EGFR PLUS  <input type="checkbox"/> KRAS  <input type="checkbox"/> NRAS  <input type="checkbox"/> PIK3CA</p>	<p><b>Lung Cancer</b> <input type="checkbox"/></p> <p><input type="checkbox"/> ALK/ROS1/RET/MET  <input type="checkbox"/> BRAF  <input type="checkbox"/> EGFR  <input type="checkbox"/> KRAS  <input type="checkbox"/> MSI  <input type="checkbox"/> NTRK Fusion</p>	<p><b>Thyroid Cancer</b> <input type="checkbox"/></p> <p><input type="checkbox"/> ALK/RET <input type="checkbox"/> Thyroid Fusion  <input type="checkbox"/> BRAF (RET/PTC1, RET/PCT2,  <input type="checkbox"/> KRAS RET/PCT3, PAX8/PPARG)  <input type="checkbox"/> MSI <input type="checkbox"/> Thyroid  <input type="checkbox"/> NRAS (HRAS, NRAS, KRAS, BRAF)  <input type="checkbox"/> NTRK Fusion</p>

**Haematological Cancers**

<p><b>Acute Myeloid Leukaemia</b></p> <p><input type="checkbox"/> AML1-ETO FUSION  <input type="checkbox"/> CBFB-MYH11</p>	<p><b>Acute Promyelocytic Leukaemia</b></p> <p><input type="checkbox"/> PML-RARA</p>	<p><b>Chronic Myeloid Leukaemia</b></p> <p><input type="checkbox"/> BCR-ABL Fusion  <input type="checkbox"/> BCR-ABL p190  <input type="checkbox"/> BCR-ABL p210</p>
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(For starting materials for each biomarker test required, please refer to the Biomarker table at the back of the form)

BIOMARKERS	SAMPLE TYPE REQUIRED
ALK, ROS1, RET, MET	Tissue (Fresh, frozen, FFPE)
AML1-ETO fusion	Peripheral blood in EDTA
BCR-ABL fusion	Peripheral blood in EDTA
BCR-ABL p190	Whole blood in EDTA
BCR-ABL p210	Peripheral blood in EDTA
BRAF	Tissue (Fresh, frozen, FFPE) OR Plasma
DPYD	Whole Blood
EGFR	Tissue (Fresh, frozen, FFPE) OR ctDNA from plasma of patients with non-small cell lung cancer (NSCLC)
EGFR plus	Tissue (Fresh, frozen, FFPE) OR Plasma
HPV	Cervical swabs, FFPE
IDH1-2	Tissue (Fresh, frozen, FFPE) OR Blood
KRAS	Tissue (Fresh, frozen, FFPE) OR Plasma
MGMT	FFPE
MSI	Tissue (Fresh, frozen, FFPE) OR Blood
NRAS	Tissue (Fresh, frozen, FFPE) OR Plasma
NTRK fusion	Tissue (Fresh, frozen, FFPE) OR FNA
PIK3CA	Tissue (Fresh, frozen, FFPE) OR Plasma
PML-RARA	Peripheral blood in EDTA
Thyroid fusion	FFPE OR FNA
Thyroid	Thyroid cytology specimen OR FFPE
UGT1A1	Whole blood in EDTA

### General Considerations

1. Blood samples should be at least 10ml (about 0.34 oz) and must be drawn into the appropriate tube.
2. Fresh tissue samples should be at least 30g.
3. Cervical swabs should be preserved in SurePath or PreservCyt.
4. FFPE tissue samples: This should be fixed for not more than 24 hours in formalin.
5. All whole blood samples for DNA/RNA extraction must be transported on ice.
6. Blood derivatives such as serum or plasma must be at least 5ml (about 0.17 oz) and transported frozen.

### Specimen Packaging and Transportation

1. Label each tube, vial, or cassette with a minimum of two (2) patient identifiers including the patient's name and date of birth.
2. Place blood samples in a transparent biohazard bag with their respective requisition forms.
3. All biohazard bags with blood samples must be transported on ice in a biotransport box.
4. All FFPE blocks must be transported at room temperature or preferably on ice.
5. Ensure samples are well packaged with the necessary details before transportation.

### Abbreviations

DPYD - Dihydropyrimidine Dehydrogenase

FFPE - Formalin Fixed Paraffin Embedded

FNA - Fine Needle Aspirate

MSI - Microsatellite Instability

HPV - Human Papillomavirus

#### FOR REVNA BIOSCIENCES OFFICE USE ONLY

##### COURIER

Courier's Name:

Pick Up Time at Client's:

##### LABORATORY

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Cervical Swab       | <input type="checkbox"/> Plasma (Fresh)  | <input type="checkbox"/> Tissue (Frozen) | <input type="checkbox"/> Others (Please Specify): |
| <input type="checkbox"/> FFPE                | <input type="checkbox"/> Plasma (Frozen) | <input type="checkbox"/> Tissue (Fresh)  |   |
| <input type="checkbox"/> FNA                 | <input type="checkbox"/> Serum (Fresh)   | <input type="checkbox"/> Whole Blood     |   |
| <input type="checkbox"/> Nasopharyngeal Swab | <input type="checkbox"/> Serum (Frozen)  |  |   |

Time Received:

Received By:

Specimen Conditions:

##### CLIENT SERVICE

Encoded By:

Master Log By:

Note:

Laboratory Remarks:

Courier Remarks: