

Study Request Form for Plasma *EGFR* mutation testing

<p>Sample details</p> <p>Patient name:</p> <p>Hospital number:</p> <p>Date of birth: Gender F / M</p> <p><u>Date blood taken:</u></p> <p><u>Time blood taken:</u></p> <p><input type="checkbox"/> NHS <input type="checkbox"/> Private patient</p>	<p>Primary destination of report:</p> <p>Name:</p> <p>Hospital:</p> <p>Department:</p> <p>Address:</p> <p>Sender's contact name and phone or e-mail details:</p>
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I confirm that this sample belongs to a patient fulfilling one of these criteria:

- A patient at diagnosis presenting with advanced non-small cell lung cancer where a tissue sample is not available
- A patient at radiological progression while on first line EGFR TKI treatment to detect resistant EGFR mutations

Please provide the following clinical details;

Result of *EGFR* tissue: No mutation / Unknown / Exon 19 del / L858R / G719X / Exon 20 / Other

Date of tissue biopsy if known:

Date of *EGFR* tissue request:

Histological diagnosis: Adenocarcinoma Squamous Large cell NOS

TNM Stage:

Sample requirements:

- Samples must be collected using a Roche Cell-Free DNA collection tube (stabilisation tube), these can be obtained from the laboratory
- Please ensure that the blood collection tubes are filled to the line
- Please invert the tube gently 8-10 times following venepuncture
- Please send samples to the address above
- Please ensure all blood samples are clearly labelled with the patient identifiers and that all details on the form are complete
- Please dispatch samples within 24 hours of collection at ambient temperature. Do not refrigerate the samples