

**Study Request Form for *EGFR* mutation analysis in cfDNA**

<p><b>Sample details</b></p> <p>Patient name:</p> <p>Hospital number:</p> <p>Date of birth:                      Gender F / M</p> <p><b><u>Date blood taken:</u></b></p> <p><b><u>Time blood taken:</u></b></p> <p><input type="checkbox"/> NHS                      <input type="checkbox"/> Private patient</p>	<p><b>Primary destination of report:</b></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* variants

**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 the blood collection tubes are filled to the line
- Please invert the tube 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 the details on the form are complete
- Please dispatch samples within 24 hours of collection at ambient temperature. Do NOT refrigerate the samples