

BRAF Idylla Metastatic Melanoma Request Form

(To be accompanied by SCL Biomarker Consent and Payment form for Otago-Southland; Nelson-Marlborough)

Indication for testing: Metastatic Melanoma

REQUESTOR TO COMPLETE:

Patient: NHI: _____ Date of Birth: _____

Surname: _____

Given names: _____

Requesting Clinician:

Name: _____

E-mail: _____

Contact phone number: _____

Copy of Report to:

Name: _____

E-mail: _____

Contact phone number: _____

FORWARD THIS REQUEST FORM TO THE LOCAL ANATOMICAL PATHOLOGY LABORATORY

Ultra test code: LBR

ANATOMICAL PATHOLOGY LABORATORY INSTRUCTIONS

Original CMS number: _____

Event/Encounter number from original CMS number: _____

Original daybook number: _____

Block to use for BRAF: _____

Send the following:

1. FFPE tissue block of tumour
2. Copy of the original pathology report from source laboratory (including specimen type, date and time collected, laboratory specimen number)
3. This request form

To: Anatomical Pathology – Level 2

Southern Community Laboratories Ltd (Dunedin)
Plunket House
472 George St
Dunedin 9016