

KRAS/BRAF/NRAS Idylla Metastatic Colorectal Carcinoma

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

Indication for testing: Metastatic Colorectal Carcinoma

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

Ultra test code: LKR

ANATOMICAL PATHOLOGY LABORATORY INSTRUCTIONS

Original CMS number:

Event/Encounter number from original CMS number:

Original daybook number:

Block to use for KRAS/BRAF/NRAS:

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

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