GCLabs

Molecular Pathology Test Request Form (M)

Institution		Patient's Name	
Patient ID		Gender	☐ Male ☐ Female
Referring Doctor		Date of birth	(YYYY / MM / DD)
Sample type	☐ BM ☐ PB ☐ Other ( )	Collection date/time	(YYYY / MM / DD) (hh:mm)
Sample ID		Ethnicity	

Molecular pathology test

Test code	Test item(s)	Test code	Test item(s)
☐ M345	BRAF gene mutation [Real-time PCR]	☐ K470	MSI (Microsatellite Instability)
☐ L446	BRAF gene mutation [Sequencing]	☐ X348	c-KIT gene mutation (Tissue) [Sequencing]
☐ L694	EGFR (Tissue) [PNA clamping Real-time PCR]	☐ L025	PDGFRA gene mutation [Sequencing]
☐ M040	EGFR (Tissue) [Pyrosequencing]	☐ L020	IGH gene rearrangement (Tissue)
☐ M563	KRAS gene major mutation [Pyrosequencing]	☐ L023	TCR gamma gene rearrangement (Tissue)
☐ M562	KRAS gene mutation [Sequencing]	☐ N956	TERT gene promoter mutation [Sequencing]
☐ M030	NRAS gene major mutation [Pyrosequencing]	☐ N537	EGFR (cell-free DNA) [Real-time PCR]
☐ M029	NRAS gene mutation [Sequencing]		

Specimen	Tumor proportion	Amount	Pathological Number (or block number)	Amount (required)
H&E slide	%			1 Slide (essential)
Paraffin block	%			1 Block
H&E slide	%			1 Slide (essential)
Unstained slide	%			4 Slides

Precaution	*When requesting with unstained slide 1) At least 4 of 10 μm Unstained slides are needed 2) Sensitivity of molecular pathology tests and tumor proportion (%) may affect the results. Therefore, please make sure to fill out the tumor portion (%) and indicate the lesion area on the slide

Diagnosis and other details

Received	☐ Molecular pathology test request form (M)	☐ Consent form of genetic test
	☐ H&E slide	☐ Paraffin block or ☐ Unstained slide

· Please fill in all columns carefully without missing any part

· Molecular pathology test request form and Consent form of genetic test should be submitted