


NHI	SURNAME	FIRST NAME (S)	
DOB		Patient address	
Requesting Dr: Please include email address if external requestor:			

URGENT Molecular Oncology/Histology Specialist testing,

Not all specialist tests are funded. Please indicate method of payment:

- DHB
 Invoice Private Clinic
 Patient to pay (I have discussed this with the patient)


Tick Tests Required;

- PDL1 IHC** (PDL1)
- NRAS/BRAF** (BRAF/STAY)
- KRAS** (KRAS/STAY)
- ALL RAS** (BRAF/STAY)
- Plasma EGFR (inc T790M)** –sample requirements **minimum 15mls blood** in EDTA tubes. Plasma samples from external locations are to be sent via urgent courier same day or next day to arrive within Pathlab laboratory working hours of Mon-Fri 8am-4pm. We cannot accept samples that arrive out of these hours or during Public Holidays. Please email Pathlab **prior** to sending the sample with tracking number.

If you would like any more information. Tel: 07 578 7073. Email: molecular.testing@pathlab.co.nz.

Please send samples to: Pathlab Bay of Plenty, **Molecular Oncology Department**, 829 Cameron Road, Tauranga, 3112.

Please mark the package **URGENT**

Drs Signature _____ Date: _____ I certify that the tests requested are for an eligible person and meet the criteria for a subsidised service. Not all testing is covered under the DHB funding schedule and I have indicated on this form the method of payment.	
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