**Circulating Tumour (ctDNA) Request Form**

Please complete electronically: type or click in the grey boxes and with as much information as possible.

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| **Patient details** | | |
| Patient name: | | Referring Consultant: |
| Address:      Postcode: | | Department and Hospital: |
| Report destination (e-mail): |
| DOB: | Sex: | Date and time blood sample taken: |
| NHS number: | | Date and time sample spun (lab use only): |
| Hospital number: | |

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| **Referral reason (please tick one and provide further detail as appropriate)**  *EGFR* screen for patients who are unsuitable for biopsy or biopsy was inadequate: *EGFR* exon 19 deletions, p.(Leu858Arg) (L858R) and p.(Thr790Met) (T790M)  *EGFR* p.(Thr790Met) (T790M) status for patients progressing on first-line EGFR TKI therapy:   * Details of primary *EGFR* mutation:       (please provide a copy of report if tested elsewhere) * Current treatment information:      Any other information or requests: |
| **Important information:**   * Please send 1 x 10ml tube of venous blood in a **Streck Cell-Free DNA BCT® tube**, these can be obtained from the laboratory – do not use standard EDTA blood tubes. * Please see <https://www.streck.com/wp-content/uploads/sync/Stabilization/Cell-Free_DNA_BCT_RUO_CE/01_Instructions_(IFU)/03_Cell-Free_DNA_BCT_CE_IFU.pdf> for instructions for use. * Following blood collection, mix the blood and anticoagulant/preservative solution in the collection tube by gently **inverting 8-10 times**. * Label the patient’s name, hospital number or NHS number, and date of birth on sample tube and complete the details on this form. * **Do NOT refrigerate or freeze tubes or samples**. * Send this form along with the sample in appropriate packaging at ambient temperature to the laboratory at the address below. * In order to be usable, the samples must reach the laboratory within **48 hours** of being taken.   Bristol Genetics Laboratory Pathology Sciences Southmead Hospital Westbury-on-Trym  Bristol BS10 5NB  Tel: 0117 414 6168  Email: [SWGLHcancer@nbt.nhs.uk](mailto:SWGLHcancer@nbt.nhs.uk)  **CONSENT STATEMENT** It is the referring clinician’s responsibility to ensure that the patient/carer knows the purpose of the test and that the DNA sample will be retained in long term storage and may be used for future diagnostic tests. Completing this form is an indication that the clinician has obtained consent for testing and storage. The patient should be advised that the sample may be used anonymously for quality assurance and training purposes. Please advise us of any restrictions. |