

NHS Test Requisition Form GMSA pilot
Marsden360@rmh.nhs.uk

All sections are REQUIRED to be completed

Clinical Genomics | The Centre for Molecular Pathology
The Royal Marsden NHS Foundation Trust | Cotswold Road
Sutton Surrey SM2 5PT | 020 8915 6565

1. Patient Information

Last Name	
First Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	dd/mm/yyyy
NHS Number	
Hospital Number	

New Marsden360 Patient Existing Marsden360 Patient

2. Specimen Information (refer to sample information leaflet)

Collection Date	dd/mm/yyyy
Name of Person Collecting Specimen	
Royal Mail Tracking no.	

3. Advanced Cancer Stage (REQUIRED) Stage I/II not accepted

Advanced Cancer (Stage III/IV)

Currently on Therapy? If yes, please list below

<input type="checkbox"/> Targeted Therapy	<input type="checkbox"/> Immunotherapy
<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Combination Therapy
Specific Therapy	

6. Diagnosis (REQUIRED to select one)

Date of suspected lung cancer diagnosis dd/mm/yyyy

Lung

<input type="checkbox"/> Suspected lung cancer	<input type="checkbox"/> Large Cell Carcinoma (NSCLC)	<input type="checkbox"/> Other Lung Tumour
<input type="checkbox"/> Adenocarcinoma (NSCLC)	<input type="checkbox"/> Small Cell Lung Carcinoma	
<input type="checkbox"/> Squamous Cell Carcinoma (NSCLC)		

7. Relevant Clinical History

Date of original diagnosis dd/mm/yyyy

Tissue available for Genotyping? Yes No

If no, please state reason:

Prior testing with actionable results?

	Pos	Neg	Unavailable		Pos	Neg	Unavailable		Pos	Neg	Unavailable
EGFR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BRAF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KRAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NRAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ERBB2 (HER2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROS1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					PDGFRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If positive, list mutation:
.....

IF AVAILABLE, provide copy of Pathology / Cytology Report and IHC, FISH, or other Molecular Assay Test Results.

4. Medical Professional Consent (continued from above)

I have determined that the Marsden360 test is medically necessary, and I hereby authorise Clinical Genomics, The Royal Marsden NHS Foundation Trust to perform testing for this patient as indicated on this requisition. I have supplied information to the patient regarding somatic genomic testing. Variants of germline origin may be detected and reported. The patient has consented to: (1) this use and processing of the patient's personal and sensitive data; (2) for this testing to be performed by Clinical Genomics, The Royal Marsden NHS Foundation Trust; and, (3) for the results to be reported back to me. I understand that Clinical Genomics, The Royal Marsden NHS Foundation Trust is relying only on the diagnosis that I provide on the test requisition form in providing information about potential therapeutic options and clinical trials associated with the reported genomic testing results, and that an incorrect diagnosis would adversely affect the relevance of the information provided by Clinical Genomics, The Royal Marsden NHS Foundation Trust. In the event of system issues, The Royal Marsden NHS Foundation Trust will work with Guardant Health, Redwood City, USA, redirecting samples to Guardant Health selecting the most appropriate test for processing. Patient samples and data will be protected by equivalent safeguards as if samples were processed by The Royal Marsden NHS Foundation Trust.



4. Ordering Physician (or other Licensed Medical Professional)

Last Name	
First Name	
Email	
Hospital	
Hospital Address	
Phone Number	

Medical Professional Consent

My signature constitutes a Certification of Medical Necessity, and I hereby authorise and order Clinical Genomics, The Royal Marsden NHS Foundation Trust to perform Marsden360 testing and curation for this patient as indicated on this requisition. I have reviewed the medical consent on this form and will provide test interpretation to the patient as appropriate. (Continued below)

Signed: Date:

5. Additional recipient (copy of report)

Email	Lead Oncologist	
	GLH Hub	
	Additional email	
Phone Number		