


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)
- EGFR solid tumour (tissue sample) (EGMT)
- Plasma EGFR – sample requirements minimum 15mls blood in EDTA tubes (EGMP)

Please send samples to: Pathlab bay of Plenty, Molecular Oncology Department, 829 Cameron Road, Tauranga, 3112. <http://www.pathlab.co.nz/molecular/-/oncology-gene-testing> for more information.

Drs Signature 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.	Date 
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