Laboratory name  
Street name  
City

Telephone number, Email

Date of request:   
../../….

Laboratory   
logo

**ADMINISTRATIVE INFORMATION**

Name requester: …  
RIZIV number requester: …

Tel number requester: …  
Signature requester: …

Patient name: …  
Patient DOB: …  
Patient gender : …

Patient hospital ID : …

**TEST INDICATION**

Localization primary tumor: Stage: ☐ primary ☐ metastasis  
Clinical context: ☐ diagnostic Previously tested? ☐ No   
 ☐ monitoring ☐ Yes: ………….  
 ☐ progression: ☐ local EGFR-TKI given? ☐ No  
 ☐ oligo ☐ Yes: ………….

Comments: ………………………………………………………………………………………………………………………………………

**SAMPLE INFORMATION**

Sample number:   
Sample type:   
☐ tumor tissue Tumor histology: …  
 Collection date: ../../…. Collection time: ../../….  
 Fixative: ☐ 4% buffered formaldehyde ☐ other: …  
 Fixation time: ☐ 4 – 24h ☐ 24 – 48h ☐ > 48h

☐ plasma Collection date: ../../…. Collection time: ../../….  
 Number of tubes …

**ST INDICATION**

**REQUESTED TESTS**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ | Reflex testing:   * Mutation analysis (NGS): ALK, BRAF, CDKN2A, DDR2, EGFR, ERBB2, KRAS, MET (exon 14 skipping), PIK3CA, RET and ROS1 * ALK IHC, if +: FISH confirmation * ROS1 IHC, if +: FISH confirmation * PD-L1 IHC | ☐ | ALK IHC, if +: FISH confirmation |
| ☐ | ROS1 IHC, if +: FISH confirmation |
| ☐ | PD-L1 IHC |
| ☐ | c-MET gene amplification (FISH) |
| ☐ | Mutation analysis (NGS): ALK, BRAF, CDKN2A, DDR2, EGFR, ERBB2, KRAS, MET (exon 14 skipping), PIK3CA, RET and ROS1 | ☐ | RET translocation (FISH) |
| ☐ | *EGFR* mutation analysis with ddPCR in plasma |

Further instructions:

*For tissue samples:*   
 Send biopsy after collection fixation in phosphate buffered formaldehyde 4% on  
 room temperature and forward to the molecular pathology laboratory together with the request.  
*For plasma samples:*   
 Collect blood with Streck tubes and fill tubes completely. Immediately mix by  
 gently inverting the tube 10 times. Store and transport the tubes at room temperature.