



5 Lower Kent Ridge Road  
Singapore 119074

PLEASE STICK LABEL STRAIGHT AND WITHIN BOX  
OR FILL UP THE FOLLOWING INFORMATION:

NAME:  
NRIC/ ID No.:  
D.O.B.:  
GENDER:  
RACE:

SOMATIC PANEL NEXT-GENERATION SEQUENCING TEST REQUEST FORM		
DIAGNOSTIC MOLECULAR ONCOLOGY CENTRE		
DEPARTMENT OF PATHOLOGY		
<b>PATIENT CLINICAL INFORMATION</b>		<b>CLINIC / PHYSICIAN INFORMATION</b>
Diagnosis: Tumour location: Cancer stage:		<b>Ordering Physician:</b> Name MCR Signature
<b>SPECIMEN INFORMATION</b>		<b>Clinic Information / Billing Address:</b>
<b>Sample submitted / Preferred histology or cytology specimen for testing:</b> Specimen ID:  <input type="checkbox"/> Paraffin block <input type="checkbox"/> Unstained sections (x19) with corresponding H&E-stained section *Minimum 30% tumour cellularity is required. For non-NUH specimens, please include a copy of the histopathology report.  <b>Remarks / Special instructions:</b>		Name: Address: Phone: Email  <b>Report to be sent to:</b> <input type="checkbox"/> Email  <input type="checkbox"/> Hardcopy to clinic address
<b>Relevant History / Findings (eg molecular / IHC / FISH results):</b>		<b>TEST INFORMATION</b>
<b>Relevant Treatment:</b> <input type="checkbox"/> No treatment received <input type="checkbox"/> Treatment and response / other comments, describe below: 1st line:                      Response:  2nd line:                      Response:		<input type="checkbox"/> 376905 APEX NGS Test  Patient informed consent form must be attached.  <b>The test is batched and run every week.</b>
<b>Insufficient / inaccurate clinical information may affect clinical interpretation / recommendation.</b>		
<b>FOR LABORATORY USE ONLY</b>		
DMOC Sample No.:	Time / Date Specimen Received:	Received by:
Delivery of specimen to: NUH Histopathology Laboratory Specimen Receiving, Main Building, #03-216 Operating Hours: Mon - Fri 0800-1730hrs                      Sat 0830 -1300hrs For any enquiries, please contact us at Tel: 6516 5825 ; Email: DMOC@nuhs.edu.sg <b>Downtime Instructions (for NUH only): Please retain a photocopy of this filled up request form, and input this order in EPIC when the system recovers.</b>		