



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		
PATIENT CLINICAL INFORMATION		CLINIC / PHYSICIAN INFORMATION
Diagnosis: Tumour location: Cancer stage:		Ordering Physician: Name MCR Signature
SPECIMEN INFORMATION Sample submitted / Preferred histology or cytology specimen for testing: 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. Remarks / Special instructions:		Clinic Information / Billing Address: Name: Address: Phone: Email Report to be sent to: <input type="checkbox"/> Email <input type="checkbox"/> Hardcopy to clinic address
Relevant History / Findings (eg molecular / IHC / FISH results): Relevant Treatment: <input type="checkbox"/> No treatment received <input type="checkbox"/> Treatment and response / other comments, describe below: 1st line: Response: 2nd line: Response:		TEST INFORMATION <input type="checkbox"/> 376905 APEX NGS Test Patient informed consent form must be attached. The test is batched and run every week.
Insufficient / inaccurate clinical information may affect clinical interpretation / recommendation.		
FOR LABORATORY USE ONLY		
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 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.		