

Onco-Genetic Test Request Form & Statement of Medical Necessity

GenomixLab # _____

Patient Information (or affix label here)

Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
NID/ Passport #		Medical Record #	
Date of Birth		Date:	
Address			

Ethnicity and Clinical History

<input type="checkbox"/> Chinese	<input type="checkbox"/> Malay	<input type="checkbox"/> Indian	<input type="checkbox"/> Others (please specify) _____
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Patient Personal History of Cancer (Check all that apply)

- No Personal History of Cancer
 No Known Family History of Cancer

Family History of Cancer

Sample Type

<input type="checkbox"/> Whole Blood-5mL (EDTA purple-top)	<input type="checkbox"/> Paraffin section on slide (10 unstained and marked)
<input type="checkbox"/> cf DNA (PAXgene or Streck Tube)	<input type="checkbox"/> FFPE Tissue (for somatic changes) <input type="checkbox"/> Needle biopsy (4-6 cores)

Hereditary Cancer Multi-Gene Test Panels (Select Panel)

<input type="radio"/> All Genes Selects all available genes.	<input type="radio"/> Onco-Colon APC, AXIN2, BMPR1A, CDH1, CHEK2, EPCAM, GREM1, MLH1, MSH2, MSH6, MUTYH, PMS2, POLD1, POLE, PTEN, SMAD4, STK11, TP53	<input type="radio"/> Onco-Prostate ATM, BRCA1, BRCA2, CHEK2, EPCAM, HOXB13, MLH1, MSH2, MSH6, NBN, PMS2, TP53	<input type="radio"/> Multiple endocrine neoplasia type 1 MEN1
<input type="radio"/> Onco-BRCA BRCA1/ BRCA2 with CNV (Deletion/duplication) testing	<input type="radio"/> Onco-Endometrial BRCA1, BRCA2, EPCAM, MLH1, MSH2, MSH6, PMS2, POLD1, PTEN, TP53	<input type="radio"/> Pancreatitis Panel APC, ATM, BMPR1A, BRCA1, BRCA2, CDK4, CDKN2A, EPCAM, FANCC, MEN1, MLH1, MSH2, MSH6, NF1, PALB2, PMS2, SMAD4, STK11, TP53, TSC1, TSC2, VHL	<input type="radio"/> Multiple endocrine neoplasia type 2 RET
<input type="radio"/> Onco-BRCA –Plus ATM, BARD1, BRCA1/ BRCA2 with CNV (Deletion/duplication) testing, BRIP1, CDH1, CHEK2, PALB2, PTEN, STK11, TP53	<input type="radio"/> Onco-GYN BRCA1, BRCA2, BRIP1, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, RAD51C, RAD51D, TP53	<input type="radio"/> Onco-Thyroid APC, CHEK2, DICER1, PRKAR1A, PTEN, RET, TP53	<input type="radio"/> Hereditary Retinoblastoma RB1
<input type="radio"/> Endocrine Cancer, Hereditary AIP, APC, CDC73, CDKN1B, FH, MAX, MEN1, MET, NF1, PRKAR1A, PTEN, RET, SDHAF2, SDHB, SDHC, TMEM127, TP53, VHL	<input type="radio"/> Li-Fraumeni Syndrome TP53	<input type="radio"/> Adenomatous Polyposis APC, MUTY	<input type="radio"/> Xeroderma Pigmentosum DDB2, ERCC1, ERCC2, ERCC3, ERCC4, ERCC5, XPA, XPC
			<input type="radio"/> Custom Select genes below to create a custom panel

SELECT CUSTOM PANEL

<input type="checkbox"/> ABL1	<input type="checkbox"/> AKT1	<input type="checkbox"/> AKT3	<input type="checkbox"/> ALK	<input type="checkbox"/> APC	<input type="checkbox"/> AR	<input type="checkbox"/> ATM	<input type="checkbox"/> AXIN2	<input type="checkbox"/> AXL	<input type="checkbox"/> BARD1
<input type="checkbox"/> BMPR1A	<input type="checkbox"/> BRAF	<input type="checkbox"/> BRCA1	<input type="checkbox"/> BRAC2	<input type="checkbox"/> BRIP1	<input type="checkbox"/> CCND1	<input type="checkbox"/> CDH1	<input type="checkbox"/> CDK4	<input type="checkbox"/> CDK6	<input type="checkbox"/> CHEK1
<input type="checkbox"/> CHEK2	<input type="checkbox"/> CTNNB1	<input type="checkbox"/> DDR2	<input type="checkbox"/> EGFR	<input type="checkbox"/> EPCAM	<input type="checkbox"/> ERBB2	<input type="checkbox"/> ERBB3	<input type="checkbox"/> ERBB4	<input type="checkbox"/> ERG	<input type="checkbox"/> ESR1
<input type="checkbox"/> ETV1	<input type="checkbox"/> ETV4	<input type="checkbox"/> ETV5	<input type="checkbox"/> FGFR1	<input type="checkbox"/> FGFR2	<input type="checkbox"/> FGFR3	<input type="checkbox"/> FGFR4	<input type="checkbox"/> GNA11	<input type="checkbox"/> GNAQ	<input type="checkbox"/> GREM1
<input type="checkbox"/> HOXB13	<input type="checkbox"/> HRAS	<input type="checkbox"/> IDH1	<input type="checkbox"/> IDH2	<input type="checkbox"/> JAK1	<input type="checkbox"/> JAK2	<input type="checkbox"/> JAK3	<input type="checkbox"/> KIT	<input type="checkbox"/> KRAS	<input type="checkbox"/> MAP2K1
<input type="checkbox"/> MAP2K2	<input type="checkbox"/> MET	<input type="checkbox"/> MLH1	<input type="checkbox"/> MRE11	<input type="checkbox"/> MSH2	<input type="checkbox"/> MSH6	<input type="checkbox"/> MTOR	<input type="checkbox"/> MUTYH	<input type="checkbox"/> MYCN	<input type="checkbox"/> NBN
<input type="checkbox"/> NRAS	<input type="checkbox"/> NTRK1	<input type="checkbox"/> NTRK2	<input type="checkbox"/> NTRK3	<input type="checkbox"/> PALB2	<input type="checkbox"/> PDGFRA	<input type="checkbox"/> PIK3CA	<input type="checkbox"/> PMS2	<input type="checkbox"/> POLD1	<input type="checkbox"/> POLE
<input type="checkbox"/> PPARG	<input type="checkbox"/> PTEN	<input type="checkbox"/> RAD50	<input type="checkbox"/> RAD51C	<input type="checkbox"/> RAF1	<input type="checkbox"/> RET	<input type="checkbox"/> ROS1	<input type="checkbox"/> SMAD4	<input type="checkbox"/> SMO	<input type="checkbox"/> STK11
<input type="checkbox"/> TP53									

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Solid Tumour Panel

<input type="radio"/> Onco-BRCA™ AKT1, BRCA1, BRCA2, CCND1, ERBB2, FGFR1, MYC, NTRK3, PIK3CA	<input type="radio"/> Onco-Focus Assay Hotspot genes (35 genes); Copy number genes (19 genes); Gene fusions (23 genes)	<input type="radio"/> MSI (Pentaplex) BAT25 (c-kit), BAT26 (hMSH2), MONO27 (inhibitor of apoptosis protein-1), NR21 (SKC7AB) and NR24 (Zinc Finger2)	<input type="radio"/> Onco-Thyroid AKT1, BRAF, CTNNB1, HRAS, IDH1, KRAS, NRAS, NTRK1, RET
<input type="radio"/> BRAF V600E, V600K, K601E	<input type="radio"/> Onco-Hepatic BRAF, CCND1, CTNNB1, IDH1, IDH2, KRAS, MYC, NRAS	<input type="radio"/> Onco-Prostate AKT1, APC, AR, BRAF, BRCA2, CTNNB1, ERG, ETV1, ETV4, ETV5, FGFR1, HRAS, IDH1, KRAS, NRAS	<input type="radio"/> HER2 Amplification
<input type="radio"/> Onco-Colon APC, BRAF, CTNNB1, ERBB2, ERBB3, ESR1, FGFR1, KRAS, MYC, NRAS, PIK3CA	<input type="radio"/> Onco-LUNGS (NSCL) ALK, BRAF, CCND1, CDK4, FGFR, ERBB2, FGFR1, FGFR3, KRAS, MYC, NTRK1, PIK3CA, RET	<input type="radio"/> Pancreatic APC, BRAF, CDK6, CTNNB1, ERBB2, ERBB3, KRAS, MLH1, MSH2, MSH6, MYC, NRAS, PIK3CA, PMS2, PTEN	<input type="radio"/> Onco-OVARIAN BRAF, CCND1, CTNNB1, FGFR1, FGFR3, KIT, NRAS, MYC, PIK3CA
<input type="radio"/> EGFR T790M, L858R, E746_A750del, C797S, Exon 19 Deletion	<input type="radio"/> Onco-LUNGS (SCL) EGFR, FGFR1, MYC, MYCN, PIK3CA		<input type="radio"/> Custom Select genes below to create a custom panel

SELECT CUSTOM PANEL (HOTSPOT*/COPY NUMBER VARIANT */FUSION GENES*)

<input type="checkbox"/> ABL1*	<input type="checkbox"/> AKT1**	<input type="checkbox"/> AKT3*	<input type="checkbox"/> ALK**	<input type="checkbox"/> APC*	<input type="checkbox"/> AR**	<input type="checkbox"/> AXL*	<input type="checkbox"/> BRAF**	<input type="checkbox"/> BRCA1**	<input type="checkbox"/> BRCA2**
<input type="checkbox"/> CCND1*	<input type="checkbox"/> CDK4**	<input type="checkbox"/> CDK6*	<input type="checkbox"/> CTNNB1*	<input type="checkbox"/> DDR2*	<input type="checkbox"/> EGFR**	<input type="checkbox"/> ERBB2**	<input type="checkbox"/> ERBB3*	<input type="checkbox"/> ERBB4*	<input type="checkbox"/> ERG*
<input type="checkbox"/> ESR1*	<input type="checkbox"/> ETV1*	<input type="checkbox"/> ETV4*	<input type="checkbox"/> ETV5*	<input type="checkbox"/> FGFR1**	<input type="checkbox"/> FGFR2**	<input type="checkbox"/> FGFR3**	<input type="checkbox"/> FGFR4*	<input type="checkbox"/> GNA11*	<input type="checkbox"/> GNAQ*
<input type="checkbox"/> HRAS*	<input type="checkbox"/> IDH1*	<input type="checkbox"/> IDH2*	<input type="checkbox"/> JAK1*	<input type="checkbox"/> JAK2*	<input type="checkbox"/> JAK3*	<input type="checkbox"/> KIT**	<input type="checkbox"/> KRAS**	<input type="checkbox"/> MAP2K1*	<input type="checkbox"/> MAP2K2*
<input type="checkbox"/> MET**	<input type="checkbox"/> MLH1*	<input type="checkbox"/> MSH2*	<input type="checkbox"/> MSH6*	<input type="checkbox"/> MTOR*	<input type="checkbox"/> MYC*	<input type="checkbox"/> MYCN*	<input type="checkbox"/> NRAS*	<input type="checkbox"/> NTRK1*	<input type="checkbox"/> NTRK2*
<input type="checkbox"/> NTRK3*	<input type="checkbox"/> PDGFRA**	<input type="checkbox"/> PIK3CA**	<input type="checkbox"/> PMS2	<input type="checkbox"/> PPARG*	<input type="checkbox"/> PTEN*	<input type="checkbox"/> RAF1**	<input type="checkbox"/> RET**	<input type="checkbox"/> ROS1**	<input type="checkbox"/> SMO*
<input type="checkbox"/> TP53*									

Liquid Biopsy Panel

<input type="radio"/> Onco-ctNA LUNGS™ Eleven genes and >150 hotspots are covered (Genes: ALK, BRAF, EGFR, ERBB2, KRAS, MAP2K1, MET, NRAS, PIK3CA, ROS1, and TP53)	<input type="radio"/> Onco-ctDNA BREAST Ten genes with >150 hotspots are covered (Genes: AKT1, EGFR, ERBB2, ERBB3, ESR1, FBXW7, KRAS, PIK3CA, SF3B1, TP53)
<input type="radio"/> Onco-ctDNA COLON Fourteen genes with >240 hotspots are covered (Genes: AKT1, BRAF, CTNNB1, EGFR, ERBB2, FBXW7, GNAS, KRAS, MAP2K1, NRAS, PIK3CA, MAD4, TP53, APC)	<input type="radio"/> Onco-ctDNA PAN-CANCER (Not available) 52 GENES: AKT1, ALK, AR, ARAF, BRAF, CHEK2, CTNNB1, DDR2, EGFR, ERBB2, ERBB3, ERG, ESR1, ETV1, FGFR1, FGFR2, FGFR3, FGFR4, FLT3, GNA11, GNAQ, GNAS, HRAS, IDH1, IDH2, KIT, KRAS, MAP2K1, MAP2K2, MET, MTOR, NRAS, NTRK1, NTRK3, PDGFRA, PIK3CA, RAF1, RET, ROS1, SF3B1, SMAD4, SMO

Consent for Genetic Testing

I, _____ hereby authorize **GenomixLAB®** to perform genetic testing as ordered by my physician to determine whether I carry a harmful mutation(s) which might result in a disease or discomfort. I acknowledge that I have been explained the following about the test: **(1)** The purpose, description, benefits, risks of the test and explanation of the disease, this test is intended. **(2)** I was told that my biological specimen will be used only for the test requested. My specimen will not be used for any other test or any research purposes. However, **GenomixLAB®** has right to retain my specimen for repetition or for further confirmation for certain period of time as required. **(3)** My test results will be stored in secure system by **GenomixLAB®** and is only accessible to the physician, **GenomixLAB®** staff, and other authorized persons.

Patient's Acknowledgement:

By signing this document I acknowledge that I was explained all the above mentioned details about the test and after understanding I voluntarily agree for the genetic test.

Name and ID number

Signature and Date:

Informed Consent and Statement of Medical Necessity

I have supplied information to the patient regarding genetic testing and the patient has given consent for genetic testing to be performed. I further confirm that this test is medically necessary for the risk evaluation, for the diagnosis or will provide information regarding patient's ongoing treatment plan, and the results will be used in the medical management and treatment decisions for the patient requested herein.

Doctor's Signature

Date: