

Lab Barcode

BILL TO: CASH HOSPITAL INSURANCE CLINIC EMPLOYER

PATIENT INFORMATION	CLIENT INFORMATION
Name:	Hospital Name:
MRN: DOB:/...../.....	Requesting Dr.:
IC No.: Age:	Phone No.: Fax:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email: Stamp of requesting Dr.
Ethnic: <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others:	Signature:
Email: Phone No.:	Date:/...../.....

CLINICAL HISTORY / CLINICAL FINDING / DIAGNOSIS:

Diagnosis:

Stage: I II III IV

Disease Status: Metastatic Relapse Recurrent Progression Refractory N/A

Smoking Status: Non-smoker Smoker Ex-smoker

FHx:

Treatment History:

PATHOLOGY SPECIMEN (SUBMIT COPY OF PATHOLOGY REPORT)

Hospital / Unit:

Contact No.:

Block ID:

Collected Date:/...../.....

Site of Tumour: Primary Metastasis

If Metastasis, please indicate Primary site:

(Please tick “ / ”)

Paraffin Block(s), please specify no:

Paraffin Sections, please specify no: Stained Unstained

Other (eg. Cell Block):

TEST REQUEST (Please put a “ / ” in the box to indicate the test(s) to be performed)

BREAST CANCER

PROSIGNA PPAM50 Breast CA Prognostic Assay

SOLID TUMOUR NGS

NGS170VFM 170 Genes NGS Variant, Fusion and MSI

TSO500 523 Genes TruSight Oncology Panel (DNA/RNA/TMB/MSI)

TSOHRD 523 Genes TruSight Oncology Panel with HRD

RCGP 324 Genes Avenio Roche Comprehensive Genomic Profiling (DNA/RNA/TMB/MSI/HRD)

SPECIMEN GUIDELINES AND HANDLING REQUIREMENTS

Examination	Specimen/ Volume Requirement	Mode of Transport	Receiving of specimen	Releasing of results (TAT)*
Next Generation Sequencing	1. Paraffin block(s) or 2. Freshly cut 3–4µm formalin-fixed paraffin embedded tissue sections (20 depending on the tumour size) of primary or metastatic tumour with tumour cells >30% of all cells in the tissue. 3. Corresponding H&E slide and histopathology report.	Ambient room temperature	Mon – Fri (9am – 5.30pm), Sat (9am – 1pm)	14 working days / 21 days



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This test is facilitated by:

Parkway Laboratory Services Ltd
(Anatomic Pathology Department)
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Tel: 6933 0801 | Fax: 6334 2387
Email: sgapadmin@parkwaypantai.com

INSTRUCTIONS

Formalin-fixed paraffin embedded sections for Real Time PCR or Sequencing :

1. Tissue should be fixed in formalin and not exposed to decalcification solution. The paraffin block should contain no less than 3 mm area of tumor.
2. Ten (10) to Twenty (20) paraffin sections are required for the test on positive charged slides.
3. One H&E slide should be provided.
4. Slide and tube should be properly labeled with a block ID that matches the surgical pathology specimen number on the surgical pathology report.
5. Slide and tube should be sent at room temperature in proper storage containers (plastic slide boxes) to protect them during transport/shipment.
6. A surgical pathology report and completed request form must accompany all specimens.

Slides and blocks should be posted at room temperature packaged in a cushioned and sturdy outer package. A fine absorbent pad should be used to protect tissue face of the paraffin block from damage during transportation.

SECTION A: Consent Form

PATIENT OR GUARDIAN

Clinical Test(s)

I consent to be tested for the genetic testing or other testing requested by the clinician which have been explained to me.

Personal Data Protection Consent Statement

By providing the information set out in this form, I consent to Premier Integrated Labs, a subsidiary of IHH Healthcare Berhad and their representatives and/or agents collecting, using and disclosing my personal data to provide me with laboratory diagnostics and other reasonably related purposes.

Such purposes are set out in the Personal Data Protection Notice, accessible at <https://www.premierintegratedlabs.com.my/data-protection-notice/> or available on request.

I further confirm that all personal data that I have provided are all true, up-to-date and accurate. Should there be any changes to any of my personal data, I shall notify Premier Integrated Labs immediately.

I understand that I may withdraw such consent at any time via forms available on request from our staff OR by email to Data Protection Officer at my.pil.dpo@premierintegratedlabs.com.my

Research/Further Studies

Left-over samples from the specimen can be stored/used for future related research. The samples will be de-identified and not contain any patient identifier.

Yes, I agree No, I do not agree

Kindly check the box and initial below if we can contact you to let you know about research studies in which you / your relative may be able to participate in the future. The studies may include:

1. A request of additional clinical information about you / your relative's condition.
2. Studies to find the causes of the diseases.
3. Studies to evaluate newly devolved tests or treatments.

YES, I am interested NO, I do not want to participate

Signature: _____

Date (dd/mm/yy) : _____

Name: _____

Date of Birth (dd/mm/yy) : _____

NRIC/Passport No. : _____

CLINICIAN/GENETIC COUNSELLOR

I have explained the purpose of obtaining blood or tissue sample for genetic testing or other test (s) requested to the patient / guardian.

Signature: _____

Name: _____

Clinician's stamp