Aspect Liquid Biopsy

AUSTRALIAN Clinicallabs
clinicallabs.com.au

Patient Details

Given Name: ..... Surname: .....

Date of Birth: ..... Gender: ☐ MALE ☐ FEMALE

Address: .....

.....

Suburb: ..... State: ..... Post Code: .....

Phone: ..... Medicare Number: .....

Hospital Name: .....

Signature: X ..... Date: .....

Clinical Information

Is this a new diagnosis? ☐ Yes ☐ No

Has the patient been treated with systemic anti-tumour therapy? ☐ Yes ☐ No

Previous somatic mutation detected (if known): .....

Patient Stage: .....

Tumour Type:

☐ Pancreatic / Biliary

☐ Breast

☐ Other Please specify: .....

Colorectal carcinoma

Non-small cell lung cancer

Melanoma

Gene Targets

Aspect Liquid Biopsy targets DNA mutations for the following genes:

EGFR KRAS BRAF KIT ERBB2 NRAS PIK3CA MAP2K1 MET ESR1 AKT1 TP53 PTEN

Clinical Details

Patient Informed Consent

My signature on this form indicates that I understand the informed consent and give permission to Australian Clinical Labs to perform the laboratory Aspect Liquid Biopsy tests selected. I have had the opportunity to ask questions and discuss the capabilities and limitations with my healthcare provider. I have been informed that there is no Medicare Rebate for this test and agree to pay the out-of-pocket fee.

Please visit clinicallabs.com.au/aspect for current pricing.

Please tick one: ☐ Invoice ☐ Pay over the phone (receipt_____)

Patient Signature: X ..... Date: .....

In some infrequent cases, it will not be possible to generate an Aspect Liquid Biopsy result. Should this occur you may choose to provide a new blood sample for testing. No additional fees will be incurred for the second test. In the event that you decide not to submit an additional sample for testing, Australian Clinical Labs will refund the full test fee paid. Results will be made available to you through your nominated doctor.

Referring Clinician Details

Requesting Doctor: .....

Provider Number: ..... Phone: ..... Fax: .....

Address: .....

.....

Suburb: .....State: .....Post Code: .....

Referring Clinician Signature: X Date: .....

Copy Doctor Details

Name: .....

Address: .....

.....

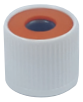
Suburb: .....State: .....Post Code: .....

Phone: .....Fax: .....

Copy Hospital: .....

Instructions For Collectors

1. Please complete patient details, clinical information, patient informed consent and clinician details in FULL
2. Collect Two Tubes of Whole Blood into Roche, Cell Free DNA tubes (White cap: Used also for Harmony) – Mix well & gently
3. Transport at Ambient Room temperature – Do not centrifuge



Collection Centres

Patients can visit any Australian Clinical Labs collection centre for their Aspect Liquid Biopsy blood test. For collection centre locations, please visit clinicallabs.com.au/location.

Scan the QR code or visit clinicallabs.com.au/aspect for more information about Aspect Liquid Biopsy, including pricing.

AQLMAR-REQ-NAT-0027.10 11/26 AQLZPAD0060