

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: ☐ Colorectal carcinoma
☐ Pancreatic ☐ Non-small cell lung cancer
☐ Breast ☐ Melanoma

Test Required

Gene Target	Tick if Required
Colorectal Panel - RAS, PIK3CA, BRAF	☐
Lung Panel - KRAS, PIK3CA, BRAF, EGFR (incl. T790M)	☐
Melanoma Panel - NRAS, BRAF, c-KIT	☐
Pancreatic Panel - RAS, PIK3CA, BRAF	☐
Breast Panel - AKT1, ERBB2, ESR1, PIK3CA	☐

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

x2



Collection Centres

For a current list of centres, please visit our website www.clinicallabs.com.au. All of our collection centres across Victoria, New South Wales and Western Australia collect for Aspect Liquid Biopsy. Collection centres in South Australia and Northern Territory require appointments for the Aspect Liquid Biopsy Test. Please contact us to find your nearest collection centre and book an appointment.