



## Grafton Clinical Genomics

### OncoCarta MassArray Test Request Form

**Requesting Doctor:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact no. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Patient Information:**

NHI # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Sample ID: \_\_\_\_\_

Sample date/Time: \_\_\_\_\_

Sample Type: \_\_\_\_\_

\_\_\_\_\_

**Test Requested**

OncoCarta V1 Panel Analysis(KIT/PDGFRA)

**Note: For OncoCarta analysis we require 50µL of DNA at a minimum concentration of 10ng/µL. For small tissue samples please send 8-10 slides to ensure adequate DNA for analysis.**

\_\_\_\_\_

Name (Printed): \_\_\_\_\_ Signature and date: \_\_\_\_\_

**For GCG use:**

**Sample received date and time:**

**Send samples to:** Grafton Clinical Genomics, Building no. 503-201, The University of Auckland, 85 Park Rd, Grafton, Auckland 1023

**Contact:** Purvi Kakadiya, p.kakadiya@auckland.ac.nz, gcgenomics@auckland.ac.nz, ph. +64 9 923 3432 (office)