

Grafton Clinical Genomics

Prosigna Test Request Form

Requesting Clinician to Complete:	
Requesting Doctor: Name: _____ Address: _____ Contact no. _____	Patient Information: NHI # _____ Date of Birth: _____ Name: _____ Sample ID _____ Sample date: _____ Menopausal Status: _____ (Please Note: Prosigna has been validated for use in Post-menopausal women. Recent publications show Prosigna's intrinsic subtype is independent of menopausal status and provides prognostic information in both Pre and Post menopausal women.)

Patient to Complete:	
Payment Details (Samples will not be processed unless payment has been confirmed): Cost of Testing is \$2900 Internet Banking Details (Please use 651/2905 as 'reference' and SURNAME and DOB of patient as 'particulars'): Bank: ANZ Bank New Zealand Limited (SWIFT code: ANZBNZ22) Account name: The University of Auckland Account number: 01 1839 0818777 00	Patient's consent: I understand that laboratory testing on my tissue is part of a clinical workup for my condition and the testing to be undertaken has been explained to me by the requesting clinician. I give permission for my tissue to be used for the Prosigna laboratory test(s) Patient's signature, Date

Pathologist to Complete:				
Please, provide the following information:				
Sample requirement for Prosigna test:			Criteria Met?	
			Yes	No
1	The patient has breast cancer that is ER+ and HER2 negative			
2	The tumor cellularity percentage on the H&E stained slide must be ≥ 10%			
3	The tumor surface area on the H&E stained slide must be circled.			
4	The circled tumor surface area on the H&E stained slide must be ≥ 4 mm²			
5	6x unstained slides (tissue sections: 10 μm thick) along with the matched circled H&E slide (tissue section: 4-5 μm thick) must be provided for the test *Note that tumor cellularity percentage refers to the percentage of viable tumor cells within the circled tumor area. <i>Please note that for tumors with less than 20 mm² surface area, it is likely that RNA input requirements will not be met.</i>			
6	Required clinical information: Please select the appropriate box. Number of positive nodes <input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> ≥4 Gross tumor size <input type="checkbox"/> ≤2 cm <input type="checkbox"/> >2 cm		This information is critical to establish the prognostic score.	
7	Number of tissue sections (tissue mounted FFPE slides) provided: No. of H&E stained slides (with circled tumor surface area) No. of matched unstained slides			
Reviewing Pathologist: 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

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