

KRAS Mutation Analysis
Requisition Form

For Source BioScience Use

I: ORDERING CLINICIAN INFORMATION

Ordering Clinician's Name

Organisation Name & Address:

Phone

Fax

Email

II: PATIENT INFORMATION

Last Name

Submitting Diagnosis

First Name

Date of Surgery (DD-MMM-YYYY)

Hospital Number

Date of Birth (DD-MMM-YYYY)

Sex Female / Male

Histology Number

III: FUNDING OPTIONS

Meets NICE guidance - PO Number : [] /

Private Medical Insurance -complete section VII on page 2 /

VHI (EIRE only) - complete section VII on page 2 /

Credit Card - complete section VIII on page 2

Other - complete section IX on page 2

Please note: The test you are requesting must be funded by one of the options in section III. In the interests of avoiding delay in processing your request, you agree that in the event of you failing to indicate one of the above funding options, we shall process your request as an **NHS patient that meets NICE guidance** and you understand that your hospital trust will be responsible for the fee for the test.

IV: SPECIMEN RETRIEVAL INFORMATION

I will send the specimen to Source BioScience.

OR

I authorise Source BioScience to request the specimen for my patient from the pathology department identified adjacent.

To be completed if authorising Source BioScience to request the specimen

Location of Specimen

Phone

Fax

V: CLINICIAN SIGNATURE

Ordering Clinician Signature

X

Date (DD-MMM-YYYY)

Print Name

Source BioScience is a trading division of Source BioScience UK Limited. Each submission of a Requisition Form for KRAS Mutation Analysis issued by a Client to Source BioScience will be deemed to be an acceptance by the Client of the purchase of Services subject to Source BioScience UK Limited's Terms and Conditions of Supply which can be found at: <http://www.sourcebioscience.com/mutation/KRAS/terms.pdf> or can be obtained from Source BioScience direct by telephone request on 0115 973 9012

VI: PATHOLOGY INFORMATION (Pathology department to complete) - Guidance notes may be obtained by telephone request on +44 (0) 115 973 9012 (Please note, samples can only be received in accordance with these guidance notes)

Number of Specimens

Submitting Pathologist's Name

Primary tumour site Metastases

Phone

Comments

Fax

Source BioScience
Reference Laboratory
1 Orchard Place
Nottingham Business Park
Nottingham NG8 6PX
United Kingdom
Tel +44 (0) 115 9739012
Fax +44 (0) 115 9739031



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VII: INFORMATION REQUIRED TO ACCEPT PAYMENT VIA INSURANCE

INSURANCE COMPANY NAME:

POLICY NUMBER:

AUTHORISATION CODE:

IS ANY EXCESS APPLICABLE : Yes / No

INSURANCE AGENT CONTACT NAME:

INSURANCE AGENT CONTACT PHONE NUMBER:

VIII: INFORMATION REQUIRED TO ACCEPT PAYMENT VIA CREDIT/DEBIT CARD

CARD TYPE

CARD NUMBER

CARDHOLDERS NAME

BILLING ADDRESS

CITY

COUNTY

POSTCODE

COUNTRY

VALID FROM (IF PRESENT) (MMM-YYYY)

EXPIRY DATE (MMM-YYYY)

ISSUE NUMBER (MAESTRO/SOLO CARDS ONLY)

SECURITY CODE (LAST 3 DIGITS OF NUMBER APPEARING ON THE SIGNATURE PANEL ON THE BACK OF YOUR CARD)

IX: FUNDING CLASSIFICATION AND OTHER INFORMATION

- Self funding /
- Top up /
- NHS exceptional funding / Individual funding application

What is the line of therapy planned for this patient?

- Adjuvant Treatment /
- First Line /
- Second Line /
- Third Line + for Metastatic disease