

**EGFR MUTATION ANALYSIS  
Requisition Form**

Source BioScience  
Reference Laboratory  
1 Orchard Place  
Nottingham Business Park  
Nottingham, NG8 6PX  
Tel. +44(0)115 973 9012  
Fax. +44(0)115 973 9013



<b>I: PATIENT INFORMATION</b>		<b>II: SPECIMEN RETRIEVAL INFORMATION</b>	
LAST NAME		<input type="checkbox"/> I will request the specimen for my patient from the pathology department. OR <input type="checkbox"/> I authorise Source BioScience to request the specimen for my patient from the pathology department identified adjacent.	
FIRST NAME			
DOB (DD-MMM-YYYY) <input type="checkbox"/> Female <input type="checkbox"/> Male		<b>LOCATION AND ADDRESS OF SPECIMEN:</b>	
NHS/PATIENT No.		<b>PHONE</b>	<b>FAX</b>
<input type="checkbox"/> We give permission to utilise all remaining tissue if required for the test requested			
<b>III: REQUESTING CLINICIAN INFORMATION</b>			
CLINICIAN NAME:		ADDRESS:	
ORGANISATION NAME:		CITY	
PHONE		SIGNATURE	
EMAIL		DATE (DD-MMM-YYYY)	
FAX NUMBER FOR RESULT (if required)		PRINTED NAME	
		POSITION	
<b>IV: PATHOLOGY INFORMATION (Pathology department to complete – Read Guidance Notes for Submission of Cases †)</b>			
<b>SPECIMEN BLOCK ID.</b>	<b>DATE (DD-MMM-YYYY)</b>	<b>SUBMITTING PATHOLOGIST NAME</b>	
<b>COMMENTS</b>		<b>PHONE</b>	<b>FAX</b>
<b>V: ADDITIONAL INFORMATION</b>			

<b>VI: PURCHASE ORDER DETAILS (if applicable)</b>
PURCHASE ORDER NUMBER:
BILLING ADDRESS:
<small>Each submission of a Requisition Form for EGFR Mutation testing issued by the Client to Source BioScience UK Limited will be deemed to be an acceptance by the Client of the purchase of Services subject to Source BioScience UK Limited Terms and Conditions of Supply of Reference Laboratory Services which can be obtained from Source BioScience directly by telephone request on 01159 973 9012</small>  <small>Source BioScience UK Limited is a wholly owned subsidiary of Source BioScience plc.</small>

**FOR INTERNAL USE ONLY**

DATE RECEIVED..... SIGNED.....

For lab use only: Sections cut by..... Date.....

†Submission guidance notes may be obtained from Source BioScience UK Limited directly by telephone requested on 0115 973 9056

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**PAYMENT DETAILS**

PLEASE ENSURE YOU COMPLETE ONE OF THE PAYMENT OPTIONS BELOW

VII: PATIENT INFORMATION			
PATIENT NAME:			
NHS/HISTOLOGY NUMBER:			
VIII: INFORMATION REQUIRED TO ACCEPT PAYMENT VIA CREDIT/DEBIT CARD			
CARD TYPE			
CARD NUMBER			
CARDHOLDERS NAME			
BILLING ADDRESS (FOR INVOICING)			
CITY	COUNTY	POSTCODE	COUNTRY
VALID FROM (IF PRESENT) (MM-YY)		EXPIRY DATE (MM-YY)	
COST OF TEST(S)			
IX: INFORMATION REQUIRED TO ACCEPT PAYMENT VIA INSURANCE			
INSURANCE COMPANY			
EXCESS? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES PLEASE STATE AMOUNT AND COMPLETE SECTION VIII:			
POLICY NUMBER		AUTHORISATION CODE	
INSURANCE AGENT CONTACT NAME		INSURANCE AGENT CONTACT PHONE NUMBER	