

**ctDNA testing for ESR1 in Breast Cancer**

**North West Genomic Laboratory Hub (MANCHESTER) - ctDNA service**

**5th Floor, St Mary’s Hospital,**

**Oxford Road,**

**Manchester, M13 9WL**

**NB fields marked with \* are mandatory. Failure to complete will risk the sample not being processed.**

**Tel:**

**Email:**

**Department:**

**Copy report to** (if applicable)**:**

**Hospital** (in full)**:**

**Consultant** (in full)**:**

**\*Sex:**

**NHS No:**

**\*DoB:**

**Address/Postcode:**

**Forename:**

**Surname:**

**Hospital No:**

**Referring Clinician**

**Patient Details**

**\*Has the patient had any type of transplant Yes** [ ]  **No** [ ]

**\*If yes, please state type(s) of transplant**

**GLH Hub email:**

**SPECIMEN INFORMATION**

\*Collection date (dd/mm/yyyy):

High Infection Risk? ☐ Yes ☐ No

Name of person collecting Specimen:

 \*Tube Number Label – Please use spare 3rd grey 8-digit tube number label provided

**SAMPLE REQUIREMENTS - see Instructions for Use Document**

Tube Number

**CLINICAL DETAILS**

Oestrogen receptor-positive, HER2-negative advanced breast cancer with an ESR1 mutation after endocrine treatment

**Consent Statement**: Receipt of this form and sample(s) by the laboratory assumes that the clinician has obtained consent for genomic testing and for the use of the sample(s) and/or test result(s) by healthcare professionals in the UK for quality control purposes.