

**ctDNA testing for Suspected Lung Cancer (M4.14)**

**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 ELEGIBILITY (https://www.england.nhs.uk/publication/national-genomic-test-directories/)**

**\*Suspected Lung Cancer Yes** [ ]

**OR**

**Confirmed Lung cancer and tissue inadequate for testing Yes** [ ]

**\*Advanced Stage Lung Cancer Stage: Stage III** [ ]  **Stage IV** [ ] (NB Stage I/II not accepted)

**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.