



Molecular Oncology Test Requisition Form

PATIENT INFORMATION	CLINIC INFORMATION										
Full Name: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female DOB: Identity No.: Address: Ethnicity: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Thai <input type="checkbox"/> Other	Clinic Name: Address: SG HCI Code: Email: Contact No.:										
PATIENT CLINICAL INFORMATION	TEST INFORMATION										
Primary cancer: <input type="checkbox"/> Non-Small Cell Lung Cancer (NSCLC) <input type="checkbox"/> Colorectal Cancer (CRC) <input type="checkbox"/> Breast Cancer <input type="checkbox"/> Brain Cancer <input type="checkbox"/> Gastrointestinal Stromal Tumor (GIST) <input type="checkbox"/> Cholangiocarcinoma <input type="checkbox"/> Metastatic Cancer of Unknown Primary (mCUP) <input type="checkbox"/> Other: <i>please specify:</i> <hr/> Cancer stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Unknown Supporting documents: <input type="checkbox"/> Patient Informed Consent obtained. Please attach. <input type="checkbox"/> (Optional) IHC/FISH/molecular reports. Relevant History/ Findings/ Treatment: <input type="checkbox"/> No treatment received. <input type="checkbox"/> Treatment received: <table style="width:100%;"> <tr> <td style="width:50%;">1st line:</td> <td style="width:50%;">2nd line:</td> </tr> <tr> <td><input type="checkbox"/> Chemotherapy</td> <td><input type="checkbox"/> Chemotherapy</td> </tr> <tr> <td><input type="checkbox"/> Targeted therapy</td> <td><input type="checkbox"/> Targeted therapy</td> </tr> <tr> <td><input type="checkbox"/> Immunotherapy</td> <td><input type="checkbox"/> Immunotherapy</td> </tr> <tr> <td><input type="checkbox"/> Hormone therapy</td> <td><input type="checkbox"/> Hormone therapy</td> </tr> </table> <p><i>Insufficient/inaccurate clinical information may affect clinical interpretation/recommendation.</i></p>	1st line:	2nd line:	<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Targeted therapy	<input type="checkbox"/> Targeted therapy	<input type="checkbox"/> Immunotherapy	<input type="checkbox"/> Immunotherapy	<input type="checkbox"/> Hormone therapy	<input type="checkbox"/> Hormone therapy	<input type="checkbox"/> APEX Tissue v.2, for CoDeX programme, Lung TKI naive only 10001318 <i>(Mutations/amplifications/fusions in 58 genes)</i> <input type="checkbox"/> APEX Tissue v.2 10001317 <i>(Mutations/amplifications/fusions in 58 genes Refer to page 2 for Cancer-type Specific genes)</i> <input type="checkbox"/> COMPASS Tissue 1021 genes 10000501 <i>(Mutations/amplifications/fusions/MSI/TMB*)</i> <i>*Ongoing validation</i> <input type="checkbox"/> MSI PCR Microsatellite Instability PCR <input type="checkbox"/> PDL1 Immunohistochemistry (IHC)
1st line:	2nd line:										
<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Chemotherapy										
<input type="checkbox"/> Targeted therapy	<input type="checkbox"/> Targeted therapy										
<input type="checkbox"/> Immunotherapy	<input type="checkbox"/> Immunotherapy										
<input type="checkbox"/> Hormone therapy	<input type="checkbox"/> Hormone therapy										
ORDERING PHYSICIAN											
Name: MCR: Report to be sent to: <input type="checkbox"/> Email: <hr/> <input type="checkbox"/> Histopathology laboratory email: <hr/> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> _____ Physician signature _____ Date </div>											
SAMPLES FROM PATHOLOGY LAB	For MDX Lab Use Only										
<input type="checkbox"/> Tissue Memo from Pathology Lab accompanies the FFPE samples. Check: <ul style="list-style-type: none"> 2 Patient identifiers are present 1 matching H&E slide with tumour region marked out (APEX: ≥ 25% tumor cellularity, and COMPASS: ≥ 20% tumor cellularity) Histopathology report attached 10 unstained sections (Tumor area ≥ 25 mm²) or 15 unstained sections (Tumor area 5 - 25 mm²) of 5 μm thickness on uncoated/uncharged slides Idylla MSI test: Additional 2 unstained sections (≥ 25% tumor cellularity (Tumor area ≥ 25 mm²) of 5 μm thickness <input type="checkbox"/> I declare that the FFPE sections and/or thickness do not meet the specimen requirements. Please proceed with nucleic acid extraction and sequencing.	Accession ID: Order ID: Section: _____ slides _____ H&E slide Date and Time Received: _____ Received By: _____ Verified By: _____ Slide Review: _____										

APEX TISSUE CANCER SPECIFIC PANEL DETAILS	
APEX Tissue <u>Lung</u>	<p>Somatic alterations in 16 genes:</p> <ul style="list-style-type: none"> ALK, BRAF inclusive of V600E, EGFR inclusive of L858R, ex19del, ex20ins, T790M, C797S with cis/trans info, ERBB2/HER2, KEAP1, KRAS inclusive of G12C, MET ex14skipping + amplification, NRG1, NTRK1, NTRK2, NTRK3, ROS1, RET, SMARCA4, STK11
APEX Tissue <u>Breast</u>	<p>Somatic alterations in 18 genes:</p> <ul style="list-style-type: none"> AKT1, BRAF inclusive of V600E, CDK4, CDKN2A, EGFR, ERBB2/HER2, ESR1, FGFR1, MAP2K1, MTOR, NTRK1, NTRK2, NTRK3, PIK3CA, PTEN, RB1, RET
APEX Tissue <u>Colorectal</u>	<p>Somatic alterations in 15 genes:</p> <ul style="list-style-type: none"> ALK, BRAF inclusive of V600E, ERBB2/HER2, FGFR1, KRAS exons 2-4 inclusive of G12C, NRAS exons 2-4, NTRK1, NTRK2, NTRK3, PIK3CA, POLE, PTEN, RET, ROS1
APEX Tissue <u>GIST</u>	<p>Somatic alterations in 10 genes:</p> <ul style="list-style-type: none"> BRAF inclusive of V600E, ERBB2/HER2, FGFR1, KIT, NTRK1, NTRK2, NTRK3, PDGFRA inclusive of D842V, RET
APEX Tissue <u>Cholangiocarcinoma/Biliary tract/Gallbladder</u>	<p>Somatic alterations in 12 genes:</p> <ul style="list-style-type: none"> BRAF inclusive of V600E, ERBB2/HER2, FGFR2, IDH1, KRAS inclusive of G12C, MET, NTRK1, NTRK2, NTRK3, PIK3CA, RET
APEX Tissue <u>Melanoma</u>	<p>Somatic alterations in 12 genes:</p> <ul style="list-style-type: none"> BRAF inclusive of V600E/K, ERBB2/HER2, HRAS, KIT, KRAS, NRAS, MAP2K1, NTRK1, NTRK2, NTRK3, RET
APEX Tissue <u>Pancreas</u>	<p>Somatic alterations in 17 genes:</p> <ul style="list-style-type: none"> ALK, BRAF inclusive of V600E, CDKN2A, EGFR, ERBB2/HER2, FGFR1, FGFR2, FGFR3, KRAS inclusive of G12C, MET, NRG1, NTRK1, NTRK2, NTRK3, RET, ROS1
APEX Tissue <u>Thyroid</u>	<p>Somatic alterations in 18 genes:</p> <ul style="list-style-type: none"> ALK, BRAF inclusive of V600E, CDKN2A, EGFR, ERBB2/HER2, FGFR2, HRAS, KIT, KRAS, NRAS, NTRK1, NTRK2, NTRK3, PIK3CA, RET, ROS1, STK11
APEX Tissue <u>Endometrial</u>	<p>Somatic alterations in 16 genes:</p> <ul style="list-style-type: none"> ALK, BRAF inclusive of V600E, CDK4, ERBB2/HER2, ESR1, FGFR2, KRAS, NTRK1, NTRK2, NTRK3, PIK3CA, POLE, PTEN, RET, SMARCA4
APEX Tissue <u>Small bowel</u>	<p>Somatic alterations in 9 genes:</p> <ul style="list-style-type: none"> BRAF inclusive of V600E, ERBB2/HER2, KRAS inclusive of G12C, NTRK1, NTRK2, NTRK3, POLE, RET
APEX Tissue <u>Stomach/Gastric</u>	<p>Somatic alterations in 9 genes:</p> <ul style="list-style-type: none"> BRAF inclusive of V600E, EGFR, ERBB2/HER2, MET, NTRK1, NTRK2, NTRK3, RET
APEX Tissue <u>Bladder/Urothelial</u>	<p>Somatic alterations in 8 genes:</p> <ul style="list-style-type: none"> BRAF inclusive of V600E, ERBB2/HER2, FGFR3 mut + fusion, NTRK1, NTRK2, NTRK3, RET
APEX Tissue <u>CNS/Brain</u>	<p>Somatic alterations in 11 genes:</p> <ul style="list-style-type: none"> BRAF inclusive of V600E + fusion, ERBB2/HER2, H3-3A, IDH1, IDH2, NTRK1, NTRK2, NTRK3, RET, TERT promoter
APEX TISSUE v.2 GENE LIST	
<p>Base substitutions, insertions and deletions: AKT1, AKT2, AKT3, ALK, AR, ARAF, BRAF, CDK4, CDKN2A, CHEK2, CTNNB1, EGFR, ERBB2, ERBB3, ERBB4, ESR1, FGFR1, FGFR2, FGFR3, FGFR4, FLT3, GNA11, GNAQ, GNAS, HRAS, IDH1, IDH2, KIT, KRAS, MAP2K1, MAP2K2, MET, MTOR, NRAS, NTRK1, NTRK2, NTRK3, PDGFRA, PIK3CA, PTEN, RAF1, RET, ROS1, SMO, TP53, STK11, KEAP1, POLE, H3-3A, FOXL2, TERT, RB1, SMARCA4</p>	
<p>Amplifications and losses: ALK, AR, CD274 (PD-L1), CDKN2A, EGFR, ERBB2, ERBB3, FGFR1, FGFR2, KRAS, MET, PIK3CA, PTEN</p>	
<p>Fusions: Inter-genic: ALK, BRAF, ESR1, FGFR1, FGFR2, FGFR3, MET, NRG1, NTRK1, NTRK2, NTRK3, NUTM1, RET, ROS1, RSPO2, RSPO3.</p>	
<p>Intra-genic: AR, BRAF, EGFR, MET</p>	