

# OncoFocus Test Request Form



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FOR LABORATORY USE ONLY			Received:
ONCOLOGICA NO:		Material received:	Initials
			Date/Time
PATIENT DETAILS			
Surname:	Forename:	DOB (dd/mm/yy):	Cut:
			Initials
			Date/Time
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Surgical Case ID:	Hospital:	Extracted:
			Initials
			Date/Time
SAMPLE DETAILS			
Tissue type:	Primary site:	Tumour subtype:	Extraction QC:
			Initials
			Date/Time
Estimated % of tumour nuclei: 5-20% <input type="checkbox"/> 21-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> >75% <input type="checkbox"/>			Initials
			Date/Time
NB. If the sample has <5% tumour it may not yield results and any results achieved must be interpreted with caution			
REQUESTING CLINICIAN			
Name:	Address:		Initials
			Date/Time
Phone:			Template Prep:
			Initials
			Date/Time
Required method for Report Delivery (tick all that apply): Post <input type="checkbox"/> User account <input type="checkbox"/> Email <input type="checkbox"/>			Enrichment:
			Initials
			Date/Time
Report account #:	Report email:		Sequencing:
			Initials
			Date/Time
INVOICING DETAILS (if left blank, the invoice will be sent to the requesting clinician)			Data Analysis:
Name:	Address:		Initials
			Date/Time
Phone:			Sample Dispatch:
			Initials
			Date/Time
Email:			
Invoice account #:			
ADDRESS FOR RETURN OF MATERIAL (if left blank, all material will be sent to the requesting clinician)			
Contact name and address:			