The ROYAL MARSDEN | Marsden360

*Developed in partnership with Guardant Health*

**For Lab use**

**NHS Test Requisition Form**
**Cancer of the Unknown Primary (CUP) ctDNA testing**
Marsden360@rmh.nhs.uk
**All sections are REQUIRED to be completed**

Clinical Genomics | The Centre for Molecular Pathology
The Royal Marsden NHS Foundation Trust | 10 Oakleaf Avenue, Sutton Surrey SM2 5GP | 020 8915 6565

| 1. Patient Information | |
|---|---|
| **Last Name** | |
| **First Name** | |
| **Sex assigned at birth** | ☐ Male ☐ Female |
| **Date of Birth** | *dd/mm/yyyy* |
| **NHS Number** | |
| **Hospital Number** | |

☐ New Marsden360 Patient ☐ Existing Marsden360 Patient

| 2. Specimen Information (refer to sample information leaflet) | |
|---|---|
| **Collection Date** | *dd/mm/yyyy* |
| **Name of Person Collecting Specimen** | |
| **Royal Mail Tracking no.** | |

| 3. Ordering Physician (or other Licensed Medical Professional) | |
|---|---|
| **Last Name** | |
| **First Name** | |
| **Email** | |
| **Hospital** | |
| **Hospital Address** | |
| **Phone Number** | |

**4. Diagnosis/eligibility criteria**

☐ Patient meets National Genomic Test Directory eligibility criteria (https://www.england.nhs.uk/publication/national-genomic-test-directories/)

## Medical Professional Consent

My signature constitutes a Certification of Medical Necessity, and I hereby authorise and order Clinical Genomics, The Royal Marsden NHS Foundation Trust to perform Marsden360 testing and curation for this patient as indicated on this requisition. I have reviewed the medical consent on this form and will provide test interpretation to the patient as appropriate. I have determined that the Marsden360 test is medically necessary, and I hereby authorise Clinical Genomics, The Royal Marsden NHS Foundation Trust to perform testing for this patient as indicated on this requisition. I have supplied information to the patient regarding somatic genomic testing. Variants of germline origin may be detected and reported. The patient has consented to: (1) this use and processing of the patient's personal and sensitive data; (2) for this testing to be performed by Clinical Genomics, The Royal Marsden NHS Foundation Trust; and, (3) for the results to be reported back to me. I understand that Clinical Genomics, The Royal Marsden NHS Foundation Trust is relying only on the diagnosis that I provide on the test requisition form in providing information about potential therapeutic options and clinical trials associated with the reported genomic testing results, and that an incorrect diagnosis would adversely affect the relevance of the information provided by Clinical Genomics, The Royal Marsden NHS Foundation Trust. In the event of system issues, The Royal Marsden NHS Foundation Trust will work with Guardant Health, Redwood City, USA, redirecting samples to Guardant Health selecting the most appropriate test for processing. Patient samples and data will be protected by equivalent safeguards as if samples were processed by The Royal Marsden NHS Foundation.

Signed: ……..  Date: ……..

| 5. Additional recipient (copy of report) | | |
|---|---|---|
| **Email** | **Lead Oncologist** | |
| | **GMS** | |
| | **Additional email** | |
| **Phone Number** | | |

| 6. Relevant Clinical History | |
|---|---|
| **Date of original diagnosis** | *dd/mm/yyyy* |
| **Relevant Clinical Summary eg, tumour histology, suspected primary (if any)** | |
| **IF AVAILABILE, provide copy of Pathology/ Cytology Report and IHC, FISH, or other Molecular Assay Test Results** | |
| **Has patient had a recent blood transfusion/organ transplant/bone marrow transplant?** | ☐ Yes ☐ No |
| **If yes, please state date of blood transfusion/type(s) of transplant:** | *dd/mm/yyyy* |

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