THE UNIVERSITY OF AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

MEDICAL AND HEALTH SCIENCES
SCHOOL OF MEDICAL SCIENCES

Auckland Academic Health Alliance

Grafton Clinical Genomics

Prosigna Test Request Form

Requesting Clinician to Complete:

Requesting Doctor:

Name:

Address:

Contact no.

Email for Report:

CC to:

Please note: Prosigna report will be sent to email address provided above

Patient Information:

NHI #

Date of Birth:

Name:

Sample ID

Sample date:

Menopausal Status:

(Please Note: Prosigna has been validated for use in Post-menopausal women. Recent publications show Prosigna's intrinsic subtype is independent of menopausal status and provides prognostic information in both Pre and Post menopausal women.)

Patient to Complete:

Payment Details (Samples will not be processed unless payment has been confirmed): Cost of Testing is **$4200(GST included)**

Internet Banking Details (Please use **651/2905** as 'reference' and SURNAME and DOB of patient as 'particulars'):

Please provide an email address below for invoice to be sent to. Payment details will be provided with invoice.

Email for Invoice:

Patient's consent: I understand that laboratory testing on my tissue is part of a clinical workup for my condition and the testing to be undertaken has been explained to me by the requesting clinician. I give permission for my tissue to be used for the Prosigna laboratory test(s)

Patient's signature, Date

Pathologist to Complete:

Please, provide the following information:

	Sample requirement for Prosigna test:				**Criteria Met? Yes**	**No**
1	The patient has breast cancer that is ER+ and HER2 negative					
2	The **tumor cellularity** percentage **on the H&E stained slide must be ≥10%**					
3	**The tumor surface area** on the H&E stained slide **must be circled.**					
4	The **circled tumor surface area** on the H&E stained slide **must be ≥4 mm²**					
5	Pathology Report Attached					
6	**6x unstained slides (tissue sections: 10 um thick)** along with the matched circled H&E slide (tissue section: 4-5 µm thick) **must be provided for the test** *Note that tumor cellularity percentage refers to the percentage of viable tumor cells within the circled tumor area. *Please note that for tumors with less than 20 mm² surface area, it is likely that RNA input requirements will not be met.*					
7	Required clinical information: Please select the appropriate box.				This information is critical to establish the prognostic score.	
	Number of positive nodes	☐ 0	☐ 1-3	☐ ≥4		
	Gross tumor size	☐ ≤2 cm	☐ >2 cm			
8	Number of tissue sections (tissue mounted FFPE slides) provided:	No. of H&E stained slides (with circled tumor surface area)				
		No. of matched unstained slides				

Reviewing Pathologist:

Name (Printed): Signature and date:

For GCG use: **Sample received date and time:**

Send samples to: Grafton Clinical Genomics, Building no. 503-201, The University of Auckland, 85 Park Rd, Grafton, Auckland 1023

Contact: Jason Copedo, j.copedo@auckland.ac.nz, gcgenomics@auckland.ac.nz, ph. +64 9 923 3432 (office)

nanoString™

prosigna® Breast cancer prognostic gene signature assay