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**Molecular Tumour Board**

**Request Form**

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| --- |
|  |
| **PATIENT DETAILS** | **REQUESTING PHYSICIAN DETAILS** |
| **Name** | Click to enter text | **Name** | Click to enter text |
| **DOB** | Click to enter text | **Address** | Click to enter text |
| **Age** | Click to enter text | **Email** | Click to enter text |
| **Sex** | Click to enter text | **Phone** | Click to enter text |
| **Primary Cancer** | Click to enter text | **Fax** | Click to enter text |
| **Stage** | Click to enter text | **Date of Request** | Click to enter text |
| **LifeStrands Accession #** | Click to enter text | **Verbal Consent for Case to be Presented** | [ ] Yes [ ] No |
| **Medicare #** | Click to enter text | **Verbal Consent for Case Details to be Shared** | [ ] Yes [ ] No |
| **Status** | [ ] Private patient in a private hospital[ ] Private patient in a recognised hospital[ ] Public patient in a recognised hospital[ ] Outpatient in a recognised hospital | **Copy Report to** | Click to enter text |
|  |
| **MTB INFORMATION** |  |
| **Type of Case** | [ ] New Case[ ] Follow-up | **Purpose of Meeting** | [ ] Molecular pathology review[ ] Molecular diagnosis[ ] Potential therapy[ ] Potential clinical trial[ ] Potential germline variant[ ] Therapeutic resistance[ ] Other (specify) |
| **Brief Clinical Summary** | Click to enter text |
|  |
|  |
| **DOCUMENT CHECKLIST** |  |
| **Please send the following** | [ ] MTB Request Form[ ] Other Molecular Pathology Reports (if applicable) |  |  |
|  |  |  |  |
| **Send To** | **MTB@lifestrandsgx.com.au** |  |  |
|  |  |  |  |