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A group of logos with text

Description automatically generated

**Molecular Tumour Board**

**Request Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
| **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** | |  | | |  | |
|  | |  | |  | | |  | |