

Avantect Pancreatic Cancer Test Requisition Form

For all enquiries call 1300 222 539 or email support@bcaldiagnostics.com
Please complete all fields and include this form with the sample shipment.

PLACE PROVIDED
BARCODE HERE

CAP ID: 9219174
CLIA LAB ID: 05D2249973

Attn Collector – this referral is 2 pages, please see page 2 for collection details.



Exclusion criteria: Current Active Cancer Diagnosis; Individuals who are pregnant

PATIENT INFORMATION

First Name

Surname

MRN/Other Patient ID

Date of Birth (dd/mm/yyyy) Sex at Birth

Address

Postcode

State

Country

Email

Phone

CONSENT TO TEST & FINANCIAL PAYMENT

By signing this form, I, the patient having the testing performed, acknowledge that: I have been offered the opportunity to ask questions and discuss with my Medical Practitioner the benefits, risks, and limitations of the test to be performed; I consent to having this test performed and I will discuss the results and appropriate medical management with my healthcare provider. This test is not covered by Medicare or Private Health Funds. The out-of-pocket cost has been explained to me and I consent to making the financial payment.

Patient Signature

➔

Date (dd/mm/yyyy)

CONSENT TO ADDITIONAL USES OF DE-IDENTIFIED SAMPLES & DATA

ClearNote Health is requesting your consent to keep, use, and disclose your de-identified samples and data indefinitely for ongoing scientific research, technical development, and other activities including for quality control and analysis, test validation, assay development and improvement, scientific research, publication or presentation, and market research. If these activities result in commercial products or compensation of any sort, proceeds will not be shared with you or your family, even if your de-identified sample(s) or data are used. This consent is optional, and clinical testing will be performed whether you provide consent. If you do not check the box and sign below, ClearNote Health will interpret this as "Opt-Out" and your de-identified samples and data will not be used for scientific research, test development, or other secondary activities. If you sign below and later decide that you no longer want ClearNote Health to use your de-identified samples or data for these purposes, you can send a written revocation of consent to ClearNote Health (10578 Science Centre Drive #210, San Diego, CA 92121). Any such revocation will not have any effect on the following: (i) any sample or data that has been de-identified and cannot be readily traced back to you; or (ii) any use or sharing of samples or data that has already occurred. By checking this box and signing below, I acknowledge that I have read the consent to additional uses of samples and data above and consent to ClearNote Health's retention, use, and disclosure of de-identified samples and data as described above. You have read and agree to the Data Protection Addendum incorporated herein by reference <https://www.avantect.com/patient-privacy>

Patient Signature

➔

Date (dd/mm/yyyy)

REQUESTING MEDICAL PRACTITIONER INFORMATION

First Name

Surname

Provider Number

Clinic Name

Address

Postcode State Country

Email

Phone

Fax

Additional Report Recipient (optional)

First Name

Surname

Provider Number

Email

Phone

Fax

ORDERING PHYSICIAN AUTHORIZATION & ACKNOWLEDGEMENT

I confirm the patient has met all the inclusion criteria, has been counselled on the purpose, scope and limitations of the test and has given consent

Signature of Authorized Provider

➔

Date (dd/mm/yyyy)

CLINICAL INFORMATION

High Risk of Pancreatic Cancer (check all that apply)

- New-Onset Diabetes (Diagnosis within the last 3 years). Date of diagnosis: _____
- Familial Pancreatic Cancer (2 or more first degree relatives)
Number of 1st degree relatives with pancreatic cancer: _____
- Hereditary Breast-Ovarian Cancer (BRCA1, BRCA2)
- Breast and Pancreatic Cancer Susceptibility (PALB2)
- Lynch Syndrome (MLH1, MLH2, MSH6, PMS2, EPCAM)
- Peutz-Jeghers Syndrome (STK11/LKB1)
- Familial atypical multiple mole melanoma – FAMMM (CDKN2A /p16INK4a)
- Familial Adenomatous Polyposis (APC)
- Ataxia Telangiectasia (ATM)

Increased Risk of Pancreatic Cancer (check all that apply)

- Long-standing Diabetes (Diagnosis more than 3 years ago) Date of diagnosis: _____
- Family History of Pancreatic Cancer (1 first degree relative or any 2nd degree relatives)
- Smoking (>20 packs per year) Former:_____ Current: _____
- Body Mass Index (BMI) greater than or equal to 30; BMI value: _____

Clinical Notes: _____

SAMPLE COLLECTION LOCATIONS

Approved Sonic locations listed below. Please take this completed Test Request Form with you to your blood collection.

- | | |
|-------------------------------|--------------------------|
| Douglass Hanly Moir Pathology | Clinipath Pathology (WA) |
| Sullivan Nicolaides Pathology | Bunbury Pathology |
| Melbourne Pathology | Clinical Pathology (SA) |
| Capital Pathology | Hobart Pathology |
| Launceston Pathology | North West Pathology |
| Southern IML Pathology | |

To find an approved blood collection location – scan this QR Code:

1. Click "Add filters"
2. Under SPECIALISED COLLECTIONS select "Non-Invasive Prenatal Test (NIPT)"
3. Click "Close"
4. Search for your closest collection centre



Please take this completed Test Request Form with you to your blood collection

[Find a blood collection location](#)

SAMPLE COLLECTION INSTRUCTIONS

ATT: Collector, please search TCM for "Avantect" for further instructions/eCollect coding.

1. Preparation

- a. Please use Two Cell-Free DNA BCT Streck Tubes. We cannot accept other tubes. If both tests are requested (Pancreatic and Ovarian) only 2x Streck tubes are still required.
- b. Label both Cell-Free DNA BCT Streck Tubes with the patient's full name and date of birth (D.O.B)



2. Collection

- a. Using 21- or 22- gauge straight needle, draw blood to fill up both tubes. 10mL of blood is required per tube. Immediately mix by gentle inversion 10 times.
- b. One inversion is a complete turn of the wrist 180 degrees and back. Inadequate or delayed mixing may result in incorrect analytical results or poor product performance.
- c. Samples should be kept at ROOM TEMPERATURE at all times.

Do not freeze or refrigerate blood samples prior to or during transport/shipment.

3. Packaging

- a. Place the tubes into the biohazard bag and seal.
- b. Place the completed Test Request Form in the side pocket of the biohazard bag.
- e. Send samples to laboratory with next available courier.

4. Specimen Reception and Sendaways

- a. Send samples to **BCAL Diagnostics** via interlab shipment to DHM **at room temperature**. If the sample cannot be sent to DHM on the same day, please store tubes at room temperature and make sure they are sent the following day.

5. DHM

- a. All local samples and samples received from other Sonic Sites are to be sent to **BCAL Diagnostics Laboratory, Building 53, 11 Julius Avenue, North Ryde, NSW 2113**.
- b. Samples need to reach BCAL Diagnostics' Laboratory within 5 days of collection.

SAMPLE INFORMATION – FOR COLLECTOR USE

I certify that I established the identity of the patient named on this request, collected and labelled the accompanying samples with the patient's details as per the collection instructions above

Test Requested Sonic Test: BCAL AVANTECT PAN/OVA (Superset Code BCALAPO (if using eCollect please code superset BCALAPO)

Date Sample Collected (dd/mm/yyyy)

Time Sample Collected (hh : mm)

Pathology Location Code

Staff ID

Collector Name (print)

Collector's Signature

Sonic Pay Cat/Billing Code - BCAL

PAYMENT INFORMATION – BCAL INTERNAL USE ONLY

This test is NOT covered by Medicare or Private Health Funds. Full payment is required prior to blood collection.

Payment Unique Identifier Number:

Amount Paid:



Avantect Pancreatic Cancer Test

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