

INTERNAL LAB
BARCODE HEREHEALIUS
PROVIDED
BARCODE HERE**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.

CAP ID: 9219174

CLIA LAB ID: 05D2249973

**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 TO COMPLETE**

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

To find an approved blood collection location - scan this QR code:

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



[Find a blood collection location](#)

PAYMENT INFORMATION - Healius Collectors Please Ignore

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:



PAY NOW

SAMPLE COLLECTION INSTRUCTIONS

Collector Instructions: (DO NOT PRESORT - DO NOT TAKE PAYMENT)

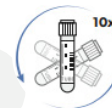
Collection Monday - Thursday (except Lavery - no restriction)

1. Collect two (2) Cell-Free DNA BCT Streck Tubes. If both tests are requested (ovarian and pancreatic) only 2x Streck tubes are still required
2. Draw 10mL of blood per tube - TUBES MUST BE FILLED
3. Immediately gently invert to mix each tube ten (10) times

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

4. Label each tube with the patient's full name and date of birth (DOB)
5. Scan both request forms for data entry (Dorevitch, leave for lab team to scan)
6. Place both tubes into a specimen bag with the original request forms

Keep and send the specimen bag to the laboratory at ROOM TEMPERATURE. Do not freeze or refrigerate during transport



Laboratory/SRA Instructions

1. Scan request form for Onshore entry
2. Place original form and Samples back in Specimen Bag and place in Room Temperature Sendout Tub

Sendout/Referred Instruction

1. SRA Please Print Labels: "Lavery SRA: Do not process - Hand samples & paperwork to Send Aways. Samples are to be sent urgently to **BCAL Diagnostics Laboratory, Building 53, Level 2, 11 Julius Avenue, North Ryde, NSW 2113** via internal courier network. Keep at room temperature"
2. Place all BCAL requests in 1 bag and label with the above
3. Samples must be sent out on the next delivery to Lavery

Lavery SRA /Send Away Instructions

1. Do not process - hand samples & paperwork to Send Aways. All local samples and samples received from other BU labs are to be sent on the next courier run to **BCAL Diagnostics Laboratory, Building 53, Level 2, 11 Julius Avenue, North Ryde, NSW 2113**
2. **Samples MUST reach BCAL Diagnostics' Laboratory within 5 days of collection**

SAMPLE INFORMATION - Collector to Sign

Patient First Name

Date of Birth (dd/mm/yyyy)

Patient Surname

Sex at birth

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

Date Sample Collected (dd/mm/yyyy)

Time Sample Collected (hh : mm)

Collection location

Collector Name (print) Signature

Pathology Laboratory	State	List of Collection Centres	Emails	Dr/Ultra Code	Bill Code	Panel Code
Abbott Pathology	SA	abbottpathology.com.au	commercial@dorevitch.com.au	BCALD	BCALD	SAT
Dorevitch Pathology	VIC	dorevitch.com.au	commercial@dorevitch.com.au	BCALD	BCALD	SAT
Lavery Pathology	NSW/ACT	lavery.com.au	commercial.pathology@lavery.com.au	BCALD	BCALD	SSS
QML Pathology	QLD	qml.com.au	qml.commercial@qml.com.au	BCALD	BCALD	SEI
TML Pathology	TAS	tmlpath.com.au	qml.commercial@qml.com.au	BCALD	BCALD	SEI
Western Diagnostic Pathology	WA/NT	wdp.coaum	wdp.commercialservices@wdp.com.au	BCALD	BCALD	RTU

Avantect Pancreatic Cancer Test

For all enquiries call 1300 222 539 or email support@bcaldiagnostics.com.

Please complete all fields and include this form with the sample shipment.

© 2024 by ClearNote Health, Inc. All Rights Reserved.

V1 March 2026