

Melaseq™ SOLID TISSUE REQUEST FORM

Solid tissue genomic profile of invasive cutaneous melanoma

INSTRUCTIONS FOR CLINICIANS:

1. Please complete this form in FULL.
2. FAX this form and a copy of the original histopathology report to **(03) 9594 8571** or email to **mellabs.genetics@clinicalabs.com.au**
3. Payment is made via QR code below or pay.clinicalabs.com.au/melaseq. Please give patient a copy of this form for payment details.

COMPLETE THE FOLLOWING DETAILS:

Patient Details

Full Name:
 Date of Birth:
 Sex: ☐ Male ☐ Female ☐ Prefer not to say
 Address:
 Suburb State: Postcode:
 Phone Number:

Ordering Clinician Details

Name:
 Address:
 Suburb State: Postcode:
 Email:
 Phone: Fax:
 Mobile:
 Date Requested:
 Provider No:

I attest that my patient has been fully informed about details, capabilities, and limitations of the test(s). The patient has given full consent for this test.

Referring Clinician Signature:

Patient Informed Consent

I confirm that I have been informed about the purpose, scope and limitations of the test. I have understood the informed consent information and hereby give permission to Australian Clinical Labs to perform the Melaseq™ Solid Tissue test selected. In some cases, I understand it will not be possible to generate a Melaseq™ Solid Tissue result or a second collection may be required. I will follow the refund or repeat testing policy of Clinical Labs and understand that test results can be delayed in unusual circumstances.

Signature Date:

Copy Doctor Details

Name:
 Address:
 Suburb: State: Postcode:
 Phone:

Clinical Information

Excision Type:
 Provisional Diagnosis:
 Has the patient had a previous diagnosis of:
 Melanoma? ☐ Yes Indicate date:/...../..... ☐ No
 Other cancer? ☐ Yes Indicate type: ☐ No
 Is the patient currently receiving systemic treatment? ☐ Yes ☐ No
 Specimen Block No:

Test Requirements:

Tissue block from a lesion under investigation with adequate tissue. If a tissue block cannot be provided, please submit 5 unstained sections representative of the lesion. Sections should be 10µm thick, with a minimum of 20% cellularity.

Please attach a copy of the pathology report from the primary biopsy (if available).

Test Required

	Tick if required	Price
Melaseq™ Solid Tissue MicroRNA expression assay for cutaneous invasive melanoma	<input type="checkbox"/>	Please see website

Payment Information



Melaseq™ must be paid prior to result delivery. Please scan the QR Code or visit the website link below to pay for your test online.

pay.clinicalabs.com.au/melaseq

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Melaseq™ Solid Tissue TEST ORDERING INFORMATION

Test Overview:

The Melaseq™ Solid Tissue test is an miRNA expression assay validated to assist in the clinical assessment and diagnosis of invasive cutaneous melanoma.

Indications for Use:

Suitable for adults (18 years and older) actively being investigated for invasive cutaneous melanoma.

Limitations:

- The results of the Melaseq™ Solid Tissue are applicable to the lesion tested and assume biologically representative sampling
- Class A results (low probability of invasive cutaneous melanoma) Melaseq™ Solid Tissue results do not completely rule out the possibility of cutaneous melanoma.
- Class B results (high probability of invasive cutaneous melanoma) Melaseq™ Solid Tissue results require further evaluation to confirm stage of cutaneous melanoma.
- While no test is 100% accurate, Melaseq™ Solid Tissue has a combined sensitivity and specificity of 97% for the diagnosis of T1b or higher invasive cutaneous melanoma. Please note that there remains a chance of false positive or false negative results.

Specimen Requirements:

- Formalin-fixed paraffin embedded skin lesion biopsy is required with a minimum of 20% cellularity and an area of 1 mm x 5 mm of tissue.

Clinical Application:

To assist in the diagnosis of melanocytic lesions excised for clinical assessment.

Test Method:

Multi gene (microRNA) expression profiling of excised FFPE melanocytic lesions. Results are reported as a personalised melanoma genomic score.

PRIVACY NOTE: This information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of Government health programs, and may be used to update enrolment records. Its collection is authorised by provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health or to a person in the medical practice associated with this claim or as authorised/required by law.

PRIVACY COLLECTION NOTICE: The information provided on this form will be used and disclosed to provide pathology services and administer pathology tests, including providing information about your tests to your relevant healthcare professionals. Without this information, we may not be able to administer the requested pathology test or other relevant services requested by you. For further information as to how we handle your personal information, visit our privacy policy at clinicalabs.com.au/about-us/privacy-policy