

**Instructions for Requesting Physicians / Pathologists:**

1. Please fully complete sections A and B. Missing compulsory information may result in test delay.
2. Return the Test Request Form with the sample.

Select the Test(s) required

**Sample type:**

<input type="checkbox"/>	<b>PSA (Total and Free)</b>	<b>SERUM</b> Collect blood samples aseptically into plastic serum collection tubes containing clot activator or separator gel. Stable for 24 hours at 2-8 °C, 2 months at -20 °C. Freeze only once. Do not use heat-inactivated samples. Do not use samples stabilized with azide.
<input type="checkbox"/>	<b>Proclarix</b> Proclarix® is indicated in men with elevated total PSA (2.0 to 10.0 ng/mL), a digital rectal examination finding consistent with elevated prostate volume (≥35 mL) and not suspicious for cancer. The test is not suitable for men taking Finasteride, Insulin or Metformin.	<b>SERUM</b> Collect blood samples aseptically into plastic serum collection tubes containing clot activator or separator gel.  Prepare serum samples within a day from blood withdrawal.  Serum samples are stable for 5 days at 2-8 °C and 8 hours at 20-25 °C. For longer periods storage at -20 °C or below is recommended.

**A. Patient Information**      Please note the fields marked \* are compulsory

**Please fill out completely and include at least 3 unique patient identifiers or affix label**

\*ID1: ..... \*ID2: .....

\*DOB: ..... (DD/MM/YYYY)

Pathology Report No: ..... \*Date Sample Taken: ..... (DD/MM/YYYY)

\*Estimated percentage of tumour material in the tissue sections submitted: .....%

Previous PSA (if known) ..... ng/mL      Date: .....

Prostate Volume (if known) .....cm      Date: .....

 DRE result:     Suspicious     Not Suspicious      Family History:     Yes     No

**B. Requesting Physician / Pathologist Information**

\*Physician / Pathologist Name: .....

\*Clinic/Hospital: .....

Address: .....

.....

Postcode: .....

Tel: .....      Fax: .....

Email: .....

**Results will be reported to email address provided unless an alternative method is advised.**
*I hereby authorise a tumour sample of the above patient to be tested for targets as selected here*

 \*Authorised Signature: ..... \*Date: .....  
(DD/MM/YYYY)