

EGFR Mutation Test Results

(example form)

Patient & test details

Patient Name:		Lab Accession Number:	
Date of Birth:		Tissue Specimen Site:	
Age:		Date Patient Sampled:	
Sex:		Date Sample Received:	
Referring Physician:		Date Result Reported:	
Record Number:		Requesting Physician:	
Methodology Utilised:	Sequencing / ARMS / Other (Specify)	Comments:	

Overall assay result

Mutation Positive	Yes / No
Mutation Negative	Yes / No
Assay Fail	Yes / No

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(example form)

Detailed Assay

Test Name / Assay Name	Mutation Detected?	Recommendation re. EGFR-TKI
Deletions in exon 19	Yes / No / Fail	Data supporting sensitivity to EGFR-TKI
L858R	Yes / No / Fail	
G719S	Yes / No / Fail	Currently limited data supporting sensitivity to EGFR-TKI
G719A	Yes / No / Fail	
G719C	Yes / No / Fail	
L861Q	Yes / No / Fail	
Double mutations	Yes / No / Fail	
S768I	Yes / No / Fail	
Insertions in exon 20	Yes / No / Fail	Currently no data supporting sensitivity to EGFR-TKI
T790M	Yes / No / Fail	
Other Mutation	Yes / No / (Specify Type)	