BAR CODE

Lab Use Only

Methylation Profiling Request Form

Health New Zealand Te Whatu Ora | Lab PLUS

(Please complete all fields. Incomplete forms will not be accepted)

Copy to:

Location:

Family Name First Name

Received Lab

NHI / MRN Gender Date of Birth

Time Taken

Ward

AFFIX PATIENT LABEL

Date Taken

Collector:

Referring laboratory number:

Block number:

Test Requested*

☐ ***Methylation profiling (Illumina EPIC Human Methylation microarray)***

Classification using methylation profiling is a research tool under development, it is not verified and has not been clinically validated. Implementation of the results in a clinical setting is the sole responsibility of the treating physician.

Turnaround time: 4-6 weeks

Supporting Clinical Information

Clinical details:

Provisional diagnosis:

Tumour site:

Tumour percentage:

Specimen Requirements

1) **1 H&E slide, with the tumour area clearly targeted, containing at least 75% tumour cells**

2) **10 unstained slides of 10 µm thickness**

3) **All slides must be labelled with the patient's name, and block number matching this referral (top section)**

4) **Send samples to:**
Methylation Profiling
Diagnostic Genetics,
Molecular Oncology,
Building 31, Auckland City Hospital
Gate 4 off Grafton Road
Grafton
Auckland

☐ **** I certify that the patient has consented to the use of methylation profiling in the diagnosis of their tumour*** *(this box must be checked for the test to be performed).*

Clinician Ordering Tests *Mobile/Locator Number:* *Email:*

NAME IN BLOCK LETTERS *NZMC# or practitioner code#*

Department & Hospital: Signature Date

AUCKLAND CITY HOSPITAL

CC7540 DECEMBER 2025