



# EGFR Mutation Test Results

## 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



## DETAILED ASSAY

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