

Lung Cancer Genetic Test

Patient Information:

Name:

Date of Birth:

Medical Record Number:

Contact Information:

Test Details:

Test Type: Lung Cancer Genetic Test

Date of Test:

Sample Source:

Test Laboratory:

Ordering Physician:

Test Code/ID:

Genetic Mutations Analyzed:

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Test Results:

EGFR Mutation Status:

ALK Mutation Status:

ROS1 Mutation Status:

KRAS Mutation Status:

Other mutations (if any)

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Interpretation:

Treatment Recommendations:

Follow-up Plan:

Physician's Notes:

Patient Consent:

I, _____, acknowledge that I have been informed about the Lung Cancer Genetic Test and understand its implications. I consent to the test and the use of the results for my medical care.

Patient's Signature:

Date: