Deliver to: Parkway Laboratory Services Ltd
2 Aljunied Avenue 1, #04-11, Framework 2 Building, Singapore 389977
Tel: 6278 9188 Fax: 6248 5843 Email: pls.arc@parkwaypantai.com
This test is facilitated by Parkway Laboratory Services Ltd

Form A - ctDNA & LiquidHALLMARK® Tests Order Form

PATIENT INFORMATION

NOTE: USE PATIENT STICKER IF AVAILABLE

FULL NAME

DATE OF BIRTH | PATIENT ID / NRIC / FIN

GENDER ☐ Male ☐ Female | PHONE NO.

ADDRESS

ETHNICITY
☐ Chinese ☐ Malay ☐ Indian ☐ Others: _____

PATIENT CLINICAL INFORMATION

CLINICAL DIAGNOSIS: _____
STAGE OF DISEASE: ☐ LOCALISED ☐ METASTATIC
☐ I ☐ II ☐ III ☐ IV

HAS A CONFIRMATORY TISSUE BIOPSY BEEN DONE?
☐ YES (Please attach tumor histology report)
☐ NO ☐ PENDING

HAS MOLECULAR TESTING BEEN DONE? (E.G. EGFR/ ALK FOR LUNG)
☐ YES (Please attach tumor mutation records)
☐ NO ☐ PENDING

TREATMENT HISTORY
☐ No treatment received yet

FIRST LINE: _____
☐ PR ☐ SD ☐ PD ☐ CR

SECOND LINE: _____
☐ PR ☐ SD ☐ PD ☐ CR

THIRD LINE: _____
☐ PR ☐ SD ☐ PD ☐ CR

OTHER LINE: _____
☐ PR ☐ SD ☐ PD ☐ CR

SPECIMEN INFORMATION

BLOOD COLLECTED AT *(please tick)*:
☐ IN-PATIENT HOSPITAL ☐ OUT-PATIENT LABORATORY ☐ CLINIC
☐ GEH ☐ MEH ☐ MNH ☐ PEH
☐ WARD & BED NO: *(please specify)*: _____

☐ Blood in 3 Streck Tubes (9mL each, 27mL in total)
☐ Effusion fluid (20 mL in sterile bottle)
☐ Pleural ☐ Peritoneal ☐ Pericardial
LiquidSCREEN™ Lung is clinically validated for plasma samples only

COLLECTION DATE AND TIME: **BLOOD COLLECTED BY:**

Note: If "collection time" is not indicated, 0900 will be used.

FOR PARKWAY LABORATORY SERVICES USE

PAYMENT *(please tick)*:

☐ INPATIENT (for Parkway Hospitals Only) Refer to CDM codes stated for billing
☐ BILL CLINIC (specify) ☐ PATIENT TO PAY ☐ OTHERS (specify)

PHYSICIAN INFORMATION

ORDERING PHYSICIAN NAME

CLINIC / HOSPITAL NAME, PHONE NO. AND ADDRESS (CLINIC STAMP MANDATORY)

REPORT PREFERENCE (FILL IN EMAIL OR FAX NO. IF SELECTED)
☐ Email: _____
☐ Fax No.: _____

TEST INFORMATION [Charges for multiple selections apply.]

Note: These tests are most suited for patient with advanced solid tumors. Refer to Annex A for list of genes.

☐ **LiquidHALLMARK® (ctDNA)**
Mutations in 80 genes including SNVs, Indels, CNVs, Fusions and MSI
- Turnaround time: 8 working days

☐ **Add-On: ctRNA, 36 fusion genes**
ctRNA stable at room temperature for 96 hours
Clinically validated for blood samples only. Effusion fluid and CSF samples are for RESEARCH USE ONLY.

LiquidMARK™ (Cancer-specific gene panel)
Over 29 DNA targets including SNVs, Indels, CNVs, Fusions, Splice variants and MSI
- Turnaround time: 8 working days

☐ Lung ☐ Pancreas & Bile duct
☐ Breast & Ovarian ☐ Prostate
☐ Colon

☐ **Add-On: ctRNA, 36 fusion genes**
ctRNA stable at room temperature for 96 hours
Clinically validated for blood samples only. Effusion fluid and CSF samples are for RESEARCH USE ONLY.

Note: Refer to Annex A for list of genes.
☐ **LiquidSCREEN™ Lung (ctDNA, *EGFR* only)**
- Turnaround time: 3 - 5 working days

ORDERING PHYSICIAN'S SIGNATURE & DATE

I confirm that I have obtained the consent of the patient to: 1) perform the tests requested herein; 2) disclose his/her personal data stated herein to Parkway Laboratory Services Ltd ("PLS") and its Affiliates for (i) the purposes of carrying out of the tests requested and all other related matters before and after and (ii) for purposes stated in the Parkway Data Privacy Policy (available at https://www.parkwaypantai.com/privacy). The patient understands that the use, collection and disclosure of his/her personal data by PLS and its Affiliates shall be in accordance with the Parkway Data Privacy Policy. I acknowledge and agree that PLS may at any time, whether upon request from the patient or otherwise, disclose and release to the patient the patient's personal data, report and specimens. I indemnify PLS for any loss or damage which PLS and its Affiliates may suffer arising from or in connection with the release of the patient's personal data, report and specimens to the patient.

FOR LUCENCE'S LABORATORY USE

Form A - ctDNA & LiquidHALLMARK® Tests Order Form

Note: We are not able to accept blood from patients with allogenic bone marrow transplants or blood transfusions less than 2 weeks prior to specimen collection. The LiquidHALLMARK® and LiquidMARK™ tests are clinically validated for plasma and effusion fluids (pleural / peritoneal / pericardial) samples only. The LiquidSCREEN™ Lung test is clinically validated for plasma samples only.

By signing this form, the ordering physician acknowledges that the individual/family member authorised to make decisions for the individual (collectively, the "Patient") has been supplied information regarding and consented to undergo genetic testing.

All turnaround times for tests administered by Lucence are provided as an indicative guide only and are based on Lucence's experience of the time taken for the majority of such test results to be delivered. 'Working day' refers to Mondays-Fridays, 9am-6pm only, excluding Saturdays, Sundays, public holidays, and eves of public holidays. The cut-off time for sample receipt in Lucence laboratory is 5.00pm on working days. Samples that arrive in our laboratory after 5.00pm shall only be accepted the following working day. As the performance of the tests may require the input of third parties and involve factors that are not within Lucence's control, Lucence is unable to guarantee the turnaround time. However, Lucence shall keep the ordering physician informed if there are any unusual delays. Lucence shall not be liable for any indirect, consequential or special damages or losses suffered by the ordering physician or the Patient in connection with the use of the services hereunder, including but not limited to any delays in the delivery of the test results.

The ordering physician undertakes that all necessary consents from the Patient to whom the Personal Data relates either have been obtained, or at the time of disclosure will have been obtained, for the disclosure of their personal data to Lucence, for Lucence's collection, processing, use and/or disclosure for the services specified in this form and that such consents are valid and have not been withdrawn. For the purposes of this form, "Personal Data" means any data which can be used to identify an individual, either on its own or together with other data to which the ordering Physician or Lucence have access. Please refer to the Privacy Policy publicly available online at https://www.lucence.com/privacy for details on the management of personal data by Lucence.

The services provided by Lucence are subject to further terms and conditions which are found on the Lucence website at www.lucence.com/order-terms, all of which are incorporated herein this form by this reference. Such terms and conditions may be changed from time to time and are effective immediately upon posting such changes on the Lucence website. The aforementioned terms and conditions on the Lucence website do not apply to customers with existing service agreements; the terms of such existing service agreement shall supersede.

LOCATION OF PARKWAY OUTPATIENT LABORATORIES (FOR BLOOD DRAW)

GLENEAGLES HOSPITAL ANNEXE BLOCK, #03-33, 6A NAPIER ROAD, S(258500) FAX: 65 6471 3394

GLENEAGLES HOSPITAL MEDICAL CENTRE, #02-01, 6A NAPIER ROAD,S(258500) FAX: 65 6471 3394

MOUNT ELIZABETH HOSPITAL MEDICAL CENTRE, 3 MOUNT ELIZABETH, #01-03 S(228510) FAX: 65 6887 3938

MOUNT ELIZABETH NOVENA HOSPITAL, #01-01, 38 IRRAWADDY ROAD, S(329563) FAX: 65 6933 0538

PARKWAY EAST HOSPITAL, 321, JOO CHIAT PLACE, LEVEL 2, S(427990) FAX: 65 6345 5053

FOR LUCENCE LABORATORY USE ONLY

RECEIVED DATE AND TIME

LUCENCE STAFF INITIALS AND DATE

☐ BLOOD

TYPE OF TUBES: _____

VOL. OF BLOOD: _____

VOLUME OF PLASMA: _____

ORDER ID: _____

LUCENCE ID: _____

SECONDARY ID: _____

☐ SAMPLE ACCEPTED

☐ SAMPLE REJECTED

REASON: _____

CHANGES TO ORDERED TEST (IF DIFFERENT FROM PAGE 1)
PLEASE ATTACH PROOF OF REQUEST

DETAILS:

DATE AND TIME:

RECEIVED DATE AND TIME

LUCENCE STAFF INITIALS AND DATE

☐ EFFUSION FLUID

TYPE OF TUBES: _____

VOL. OF E. FLUID: _____

VISUAL APPEARANCE: _____

ORDER ID: _____

LUCENCE ID: _____

SECONDARY ID: _____

☐ SAMPLE ACCEPTED

☐ SAMPLE REJECTED

REASON: _____

CHECKED BY:

DATE AND TIME:

Lucence Service Laboratory 211 Henderson Road #04-01/02, Henderson Industrial Park, Singapore 159552

System Document D 50449 Version 15.0 8 July 2024

Deliver to: Parkway Laboratory Services Ltd
2 Aljunied Avenue 1, #04-11, Framework 2 Building, Singapore 389977
Tel: 6278 9188 Fax: 6248 5843 Email: pls.arc@parkwaypantai.com
This test is facilitated by Parkway Laboratory Services Ltd

Form B - Informed Consent and Authorization Form for ctDNA & LiquidHALLMARK® Tests

Instructions:

1. This form must be fully completed and signed by the patient.
2. If the patient is below 21 years old, has never been married and has sufficient capability to understand this procedure, this form should be signed by both the patient and the patient's parent/guardian. If the patient is below 21 years old, has never been married and does not have sufficient capability to understand this procedure, this form should be signed by the patient's parent/guardian.
3. If the patient is unable to give consent due to a lack of mental capacity, consent is required from either the appointed guardian (donee) or deputy who is duly authorised to give such consent; or where there is no appointed guardian (donee) or deputy, and in order of preference: the patient's spouse; adult son or daughter; either parent or guardian; an adult brother or sister; or any other person named by the patient as someone to be consulted on the matter in question or on matters of that kind.

GENERAL INFORMATION ABOUT TUMOR-DERIVED PLASMA/TISSUE DNA/RNA

What is the purpose of the test?

Tumor-derived genomic testing is designed to investigate and look at the genetic profile of your tumour and to look for specific genomic alterations that may be affecting its growth. This information may help your physician determine what targeted therapies may be available to treat your cancer. The test is ordered after discussion and assessment by your physician and will only assess specifically for the clinical condition suspected.

What does it involve?

A sample of your blood, tissue and/or bodily fluids will be taken ("Sample Material") and sent to Lucence Diagnostics Pte Ltd ("Lucence") where it can be examined for genomic alterations. Lucence will then send your physician a detailed report with information about your tumour's genomic makeup and potential treatment options. Your physician and you can then evaluate the results along with other information such as your medical history and results from other tests to determine what next steps are right for you.

What are the risks and limitations of genomic analysis?

For plasma, the most common method of test is via a blood sample, which is removed via a needle. The risks associated with drawing blood are minimal. There may be temporary discomfort, pain, bruising and on rare instances infection.

For tissue and other bodily fluids, the doctor performing the procedure, or a designated representative or a healthcare provider would explain the risks and complications to you before you decide to have the genomic test. Genomic tests do not constitute a definitive test for the selected condition(s) in all individuals. This test should be one of many aspects used by your physician to help with a diagnosis and treatment plan, but it is not a diagnosis itself.

All results of the analysis and its implications should be discussed with your physician. There are some possible causes of inaccurate or inconclusive results. These include:

1. Sampling problems, e.g. freezing of samples during shipping, poor sample/specimen quality.
2. Technical problems, e.g. rare variation in the DNA/RNA of the individual, inability of test to detect rare or previously unknown mutations.
3. Presence of mutations or variations the significance of which is not yet understood.

Withdrawal from testing

You may withdraw from testing at any time, or choose not to learn of the results. If the analysis is already underway, however, you will be charged a fee determined by Lucence, based on services provided and any amounts paid will not be refunded.

Management of results / Personal Data

1. Personal data means data, whether true or not, about an individual who can be identified from that data; or from that data and other information to which the organization has or is likely to have access ("Personal Data"). The Personal Data Lucence may, from time to time collect from you include your name, nationality, date of birth, sex, e-mail address, telephone number, mailing address, or passport number, your image (in the form of photographs), your medical history, patient history, allergy information, test results of genetic analysis, and any other medical and health records.

2. Lucence may collect, use, disclose, process, and transfer your Personal Data for the following purposes, but always in accordance with applicable laws and regulations:
   a. providing you with healthcare, diagnostic and other services of Lucence, its affiliates, partners and related companies and for its company processes;
   b. administrative purposes (e.g., processing orders; collecting payment; creation and maintenance of medical and business records; verifying identity and conducting screenings, due diligence and credit checks; responding to your queries; addressing claims or disputes; compliance with internal policies; and enforcing obligations to Lucence);
   c. business operations (e.g., compliance with regulatory obligations, accounting, audit and record keeping, planning, product monitoring/assessment, quality control, training, product testing/development); and/or
   d. research into new treatments and protocols (subject always to the applicable laws and codes of conduct).

3. The results of your test, including your genetic data, will form part of your confidential medical records and Personal Data. These results will be accessible by your treating physician and his/her hospital or clinic, in addition to Lucence, and may be shared with other healthcare providers for medical treatment and healthcare purposes. Each of the foregoing parties has an obligation to keep your records confidential, in accordance with applicable laws and regulations.

4. Your Test results and clinical data may be added to and retained in databases for a reasonable period in accordance with Lucence's legal and business purposes, and subject to applicable laws and regulations.

5. Your Sample Material may be examined at the time of the Test or thereafter, possibly using new methods or technologies, for the purposes of running the ordered Test or for quality testing.

6. Lucence may de-identify your genetic information and results and use or disclose such de-identified genetic information/ results for future research. You agree that Lucence may retain this de-identified information for future research purposes. You understand that this information will be de-identified in a manner that meets de-identification standards under the United States *Health Information Portability and Accountability Act of 1996*, the Singapore *Personal Data Protection Act 2012*, the Hong Kong *Personal Data (Privacy) Ordinance (Cap 486)* and local data protection laws, as applicable.

7. You understand and agree that Lucence will not re-identify you and notify you in the case of any incidental findings, i.e., non-intended findings that arise and are outside the original purpose for which the Test was conducted.

8. You may, at any time, correct or, have access to your Personal Data, and/or withdraw your consent to any of the above uses of your Personal Data by Lucence (except to the extent that Lucence has already taken action in reliance on your consent). We may charge a reasonable fee for the processing of a request for access to Personal Data. If you wish to access or correct your Personal Data, please contact us at privacy@lucence.com or visit www.lucence.com/privacy for more details on Lucence's data use practices.

9. On the understanding that you may withdraw consent at any time by checking the box below, or contacting support.asean@lucence.com:
   a. you agree that your genetic information and individually-identifiable data may be used for future research purposes. However, once your genetic information and results have been de-identified such that Lucence is not able to identify you or determine or re-identify which genetic information and results relate to you, you understand that you will no longer be able to withdraw consent to Lucence's future use or disclosure of such de-identified data.
   Risks and benefits of future research
   Once the de-identified data has been shared with other parties, you will not have full control over how such de-identified data may be used. Future research may not directly benefit you, but there could be a benefit to society as it advances new detection methods and treatments for cancer.
   b. you hereby assign leftover Sample Material, if any, that is not used for the Test to Lucence for Lucence's and its affiliates' use, including for research. Lucence will endeavor to utilize an appropriate amount of Sample Material for the Test. Lucence will store your leftover Sample Material, in accordance with applicable laws and regulations.
   c. you renounce any rights to your Sample Material and assign to Lucence any intellectual property rights that may be derived from the use of your Sample Material, whether so derived now or in the future.

☐ **I want to opt out of this Section 9.**
Note: This checkbox is OPTIONAL and Lucence will still be able to run the Test(s) even if you leave this box unchecked.

PATIENT'S RESPONSE

I understand that my physician ordered the test(s), which includes genomic testing on my behalf.

I hereby declare and confirm that I have been given adequate explanation with respect to the contents of this form, which has been fully explained to me in _____(language), and have fully understood the contents of this form.

I understand that the turnaround time given for the test(s) is an indicative guide only. As the performance of the test(s) may require the input of third parties and involve factors that are not within Lucence's control, I understand that Lucence is unable to guarantee the turnaround time. However, Lucence shall keep my physician informed in the event of unusual delays in providing the test(s) results and my physician shall have the duty to communicate such information to me.

I agree that I shall not hold Lucence liable for any loss of profits, indirect, consequential or special damages which I may suffer or incur in connection with this test, including but not limited to any delays in the delivery of the test(s) results or any diagnostic information provided to me by my physician ineliance on the results of the test(s). Liability for personal injury or death are not excluded.

By signing this form, I consent to the above terms, except where I have specifically indicated that I do not consent to a term.

Patient's Name _____ Patient's Signature _____ Date _____

If the patient is unable to give consent:

Parent/ Guardian's Name _____ Parent/ Guardian's Signature _____ Date _____

PHYSICIAN'S STATEMENT

I have explained the above information to this individual. I have addressed the limitations outlined above, and I have answered this person's questions.

Physician's Name _____ Physician's Signature _____ Date _____

Gene List for LiquidHALLMARK® (Annex A)

LUCENCE

Genes*

ABL1	*CCND2* [#1]	*FBXW7* [#]	*IDH1*	*MED12*	*PDGFRA* [#]	*RIT1*
AKT1 [1]	*CDH1*	*FGFR1* [#]	*IDH2*	*MET* [#]	*PIK3CA* [#]	*ROS1*
ALK [#]	*CDK6* [#]	*FGFR2* [#]	*JAK1*	*MLH1*	*PIK3R1*	*SF3B1*
APC	*CDKN2A* [#]	*FGFR3* [#]	*JAK2*	*MTOR*	*PPP2R1A*	*SMAD4* [#1]
AR [#]	*CREBBP*	*FLT3*	*JAK3*	*MYC* [#]	*PTEN* [#^]	*SMO*
ARAF	*CTNNB1*	*GATA3*	*KEAP1* [1]	*NF1*	*PTPN11*	*SPOP*
ATM [#]	*EGFR* [†#]	*GNA11*	*KIT* [#]	*NFE2L2*	*RAF1*	*STK11*
BRAF [#]	*ERBB2* [#] *(HER2)*	*GNAQ*	*KRAS* [#]	*NOTCH1*	*RB1* [#]	*TERT*
BRCA1 [#1]	*ERCC2*	*GNAS*	*MAP2K1* *(MEK1)*	*NRAS* [#]	*RET*	*TP53* [#1]
BRCA2 [#1]	*ESR1* [#]	*HNF1A*	*MAP2K2* *(MEK2)*	*NTRK1*	*RHEB*	*U2AF1*
CCND1 [#]	*EZH2*	*HRAS*	*MAPK1* *(ERK2)*	*NTRK3*	*RHOA*	*VHL*

Fusions ctDNA

ALK	*CD274* *(PD-L1)*	*FGFR2*	*FGFR3*	*NTRK1/2/3*	*RET*	*ROS1*	*TMPRSS2*

Fusions ctRNA (Add-on option)

ALK	*EGFR*	*ETV4*	*MYB-NFIB*	*ROS1*	*TFE3*	*PAX3-FOXO1*
AR (AR-V3/4/7/9 SPLICE VARIANT)	*ERBB4*	*ETV5*	*NRG1*	*RSP02*	*THADA*	*PAX8-PPARG*
AXL-MBIP	*ERG*	*FGRF1/2/3*	*NTRK1/2/3*	*RSP03*	*TMPRSS2*	
BRAF	*ESR1*	*FLI1*	*NUTM1*	*SLC45A3*	*CTNNB1-PLAG1*	
CLIP1-LTK	*ETV1*	*MET (including exon 14 skipping)*	*RET*	*SSX1/2*	*DNAJB1-PRKACA*	

MSI

BAT25	BAT26	NR21	NR24	NR27	MONO27

*Targeted regions selected to maximize detection of known hotspot mutations, in all clinically relevant exons of tested genes.
†Includes sequencing of EGFR kinase and extracellular domain mutations.
Includes detection of gene copy number alterations.
^Full coverage, [1]>97% coverage of coding exons.

Customer support: +65 6592 5102 | sales.asean@lucence.com

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Information for non-US medical professionals only.

M1010E-SG-07. July 2024

LiquidMARK® Focused Sub-panels

LUCENCE

Focused sub-panels for targeted cancer types.
All sub-panels include microsatellite instability (MSI) testing. Full ctRNA fusion panel is available as an add-on for all sub-panels.

LUNG

Genes*	*ALK* [#]	*CDKN2A* [#]	*FGFR2* [#]	*MTOR*	*NTRK3*	*RB1* [#]	*STK11*
	ARAF	*CTNNB1*	*FGFR3* [#]	*NF1*	*PDGFRA* [#]	*RET*	*TP53* [#1]
	BRAF [#]	*EGFR* [†#]	*KEAP1* [1]	*NFE2L2*	*PIK3CA* [#1]	*RIT1*	*U2AF1*
	BRCA1 [#1]	*ERBB2*(HER2) [#]	*KRAS* [#]	*NRAS* [#]	*PIK3R1*	*ROS1*	
	BRCA2 [#1]	*FGFR1* [#]	*MET* [#]	*NTRK1*	*PTEN* [#^]	*SF3B1*	
Fusions ctDNA	*ALK*	*CD274*(PD-L1)	*FGFR2*	*FGFR3*	*NTRK1/2/3*	*RET*	*ROS1*

BREAST & OVARIAN

Genes*	*AKT1* [1]	*BRCA2* [#1]	*ERBB2*(HER2) [#]	*FGFR2* [#]	*KRAS* [#]	*NTRK3*	*RB1* [#]
	APC	*CDH1*	*ESR1* [#]	*FGFR3* [#]	*MYC* [#]	*PIK3CA* [#1]	*RET*
	ATM [#]	*CDK6* [#1]	*FBXW7* [#]	*GATA3*	*NF1*	*PIK3R1*	*SF3B1*
	BRAF [#]	*CTNNB1*	*FGFR1* [#]	*GNAS*	*NTRK1*	*PTEN* [#^]	*TP53* [#1]
	BRCA1 [#1]						
Fusions ctDNA	*CD274*(PD-L1)	*FGFR2*	*FGFR3*	*NTRK1/2/3*	*RET*		

COLON

Genes*	*APC*	*CTNNB1*	*FGFR1* [#]	*KRAS* [#]	*NRAS* [#]	*PIK3R1*	*SMAD4* [#1]
	ATM [#]	*EGFR* [†#]	*FGFR2* [#]	*MLH1*	*NTRK1*	*PTEN* [#^]	*TP53* [#1]
	BRAF [#]	*ERBB2*(HER2) [#]	*FGFR3* [#]	*MTOR*	*NTRK3*	*RAF1*	
	CREBBP	*FBXW7* [#]	*JAK1*	*MYC* [#]	*PIK3CA* [#1]	*RET*	
Fusions ctDNA	*CD274*(PD-L1)	*FGFR2*	*FGFR3*	*NTRK1/2/3*	*RET*		

PANCREAS & BILE DUCT

Genes*	*AKT1* [1]	*BRCA2* [#1]	*ERBB2*(HER2) [#]	*HRAS*	*MYC* [#]	*PIK3CA* [#1]	*STK11*
	APC	*CCND1* [#]	*FGFR1* [#]	*IDH1*	*NRAS* [#]	*PIK3R1*	*SMAD4* [#1]
	ATM [#]	*CCND2* [#1]	*FGFR2* [#]	*IDH2*	*NTRK1*	*PTEN* [#^]	*TP53* [#1]
	BRAF [#]	*CDKN2A* [#]	*FGFR3* [#]	*KRAS* [#]	*NTRK3*	*RET*	*VHL*
	BRCA1 [#1]	*CTNNB1*	*GNAS*	*MET* [#]			
Fusions ctDNA	*CD274*(PD-L1)	*FGFR2*	*FGFR3*	*NTRK1/2/3*	*RET*		

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M1010E-SG-07. July 2024

LiquidMARK® Focused Sub-panels

LUCENCE

Focused sub-panels for targeted cancer types.
All sub-panels include microsatellite instability (MSI) testing. Full ctRNA fusion panel is available as an add-on for all sub-panels.

PROSTATE

Genes*	*AR* #	*BRCA1* #1	*FGFR1* #	*KRAS* #	*NTRK3*	*PTEN* #^	*SPOP*
	ATM #	*BRCA2* #1	*FGFR2* #	*MYC* #	*PIK3CA* #	*RB1* #	*TP53* #1
	BRAF #	*ERBB2* (*HER2*) #	*FGFR3* #	*NTRK1*	*PIK3R1*	*RET*	
Fusions ctDNA	*CD274* (*PD-L1*)	*FGFR2*	*FGFR3*	*NTRK1/2/3*	*RET*	*TMPRSS2*	

Fusions ctRNA (Add-on option)	*ALK*	*EGFR*	*ETV4*	*MYB-NFIB*	*ROS1*	*TFE3*	*PAX3-FOXO1*
	AR (*AR-V3/4/7/9 SPLICE VARIANT*)	*ERBB4*	*ETV5*	*NRG1*	*RSP02*	*THADA*	*PAX8-PPARG*
	AXL-MBIP	*ERG*	*FGRF1/2/3*	*NTRK1/2/3*	*RSP03*	*TMPRSS2*	
	BRAF	*ESR1*	*FLI1*	*NUTM1*	*SLC45A3*	*CTNNB1-PLAG1*	
	CLIP1-LTK	*ETV1*	*MET* (*including exon 14 skipping*)	*RET*	*SSX1/2*	*DNAJB1-PRKACA*	

MSI	BAT25	BAT26	NR21	NR24	NR27	MONO27

LiquidSCREEN™ Lung

EGFR Sensitizing targets

Exon 18	*G719A*	*G719C*	*G719S*	
Exon 19	*E746_A750del*	*L747_P753delinsS*	*L747_A750delinsP*	*L747_T751del*
Exon 20	*L858R*	*L861Q*		

EGFR Resistance targets

Exon 20	*T790M*

*Targeted regions selected to maximize detection of known hotspot mutations, in all clinically relevant exons of tested genes.
†Includes sequencing of EGFR kinase and extracellular domain mutations.
Includes detection of gene copy number alterations.
^Full coverage, ¹>97% coverage of coding exons.

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M1010E-SG-07. July 2024

IMPORTANT NOTE:

1. Use only the tubes provided inside Lucence Blood Collection kit.
2. Improper handling of samples will result in inaccurate analysis of cell-free DNA/RNA.
3. Clinics/wards should obtain test kits from their respective outpatient laboratory.

1. COMPLETE FORMS

Ensure both **patient** and **physician** have signed

2. CHECK & LABEL TUBE(S)

Within expiry and labeled with **2 patient identifiers**

3. COLLECTION OF WHOLE BLOOD

Invert 8-10 times after collection

Ensure **minimum volume** and **sample validity** met

4. PREPARE SAMPLE COLLECTION KIT

Place completed **forms** and **copies of other clinical documentation** in box

Parkway Laboratory Services Ltd
2 Aljunied Avenue 1, #04-11
Framework 2 Building
Singapore 389977

For CSF/Effusion fluid samples, please contact Lucence Sales Team at +65 6592 5102 to arrange for collection.

PHLEBOTOMY SERVICE & SAMPLE COLLECTION

! KEEP SAMPLE AT ROOM TEMPERATURE !
Do **NOT** freeze or refrigerate

NO collection on Sundays and Public Holidays

A. For specialist clinics at Parkway Hospitals:

Mon-Sat: i) Plexus

ii) PLS call centre, 6278 9188

Please follow respective hospital outpatient lab's cut-off timing.

B. For wards at Parkway Hospitals:

Mon-Sat: Obtain kits from respective hospitals' outpatient lab during office hours. Specimen & collection kit should be delivered back to the outpatient lab after the necessary forms and signatories have been collected.

C. For specialist clinics outside Parkway Hospitals:

Call PLS call centre, 6278 9188 during office hours. Cut off timings are:

i) Mon-Fri: 1630 (provide 45 mins notice if clinic closes early)

ii) Sat: 1200 (provide 45 mins notice if clinic closes early)

TEST	SAMPLE REQUIREMENTS	VALIDITY
LiquidHALLMARK®/ LiquidMARK™ LiquidSCREEN™ Lung	 **3** Streck Tubes (9mL each, 27mL total)	**7** days ***96**hrs for ctRNA
HemeMARK™	 **2** Streck Tubes for Peripheral Whole Blood (9mL each, total 18mL) **AND / OR**  **1** EDTA Tube for Bone Marrow Aspirate (Total 3mL)	**7** days **5** days
LucenceINSIGHT™ / LucenceINSIGHT™ PLUS LumiRISK™ / LumiTHERA™ / LumiFOCUS™	 **2** Streck Tubes (9mL each, total 18mL)	**7** days
NPC GOLD™	 **1** Streck Tube (Total 9mL)	**7** days

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