«TableStart:Samples»

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| To: PETER MAC CANCER CENTRE  ST ANDREWS PL  EAST MELBOURNE  VIC 3002 | **Patient**: «patient»  **URN**: «urn»  **DOB**: «dob»  **SEX**: «sex»  **Location**: «location»  **Requester**: «requester» | Sample: «sample»  Ext Ref: «extref»  Collected: «collect\_date»  Received: «rcvd\_date»  Specimen:  Block ID: |
|  |  |  |

**ACTIONABLE CANCER PANEL** «isdraft»

**Clinical Details**

Histological typing: ...........................

The sample was reviewed by a pathologist and was considered to have ....% tumour cells within the area selected for analysis. Please note: This is not a formal pathology review and is based solely on an H&E of the tissue provided and not on ancillary clinical or pathology information that may be available elsewhere.

**Results**

**No mutations detected**

**Interpretation**

A negative result in this assay may reflect the limited sensitivity of the panel to the rare genomic changes associated with many cancers. Further testing is often possible using more comprehensive panels. Please contact the laboratory if this is required.

**Methods**

Tumour DNA was tested in duplicate for mutations in targeted exons of the following genes using massively parallel sequencing: AKT1, ALK, BRAF, CDKN2A, EGFR, FGFR1, FGFR2, FGFR3, ERBB2, KIT, KRAS, NRAS, PDGFRA, PIK3CA, PTEN and TP53. This test detects single nucleotide variants and indels in the target exons only. At 1000x coverage, the limit of detection of this assay has been determined to be X%. At 500x coverage the limit of detection has been determined to be X%. The sample was sequenced to an average «ampReads» aligned reads per amplicon with «ampPct» % uniformity. Regions with less than 100x coverage have not been analysed. These are listed below.

**Comments**

Processed DNA is assayed for concentration, purity and fragmentation status prior to massively parallel sequencing. Samples determined to be not capable of generating a representative amplicon library may be analysed by alternate methods.

Testing of tissue treated with chemo and/or radiotherapy reduces the cellularity of the neoplastic element and reduces the sensitivity of the assay. Where possible tissue derived from untreated tumour should be tested.

Please contact the laboratory on 03 9656 3595 if you wish to discuss this report further.

Reported by: Dr A Fellowes, Scientist in Charge Molecular Pathology Diagnostic Development

Authorised by: Prof Stephen Fox, Director of Pathology

Reported: 28-Nov-2014 10:09 am

Low quality amplicons:

«lowAmps»

Regions of interest coverage:

«rois»

References:

*«TableEnd:Samples»*