

Instruction:

- i) Where check boxes are provided, check (√) one or more boxes. Where radio buttons are provided, check (√) one box only.
- ii) Red asterisk (*) indicates the field is mandatory and must be filled

1 *	Reporting centre	
2	Report date <i>(dd/mm/yyyy)</i>	<input type="text"/> - <input type="text"/> - <input type="text"/>
3	Consultant name	

Section 1 : Histopathology

1 *	Type of tumour	a <input type="checkbox"/> Non-small cell lung carcinoma (NSCLC)					
		i	<input type="checkbox"/>	Adenocarcinoma	ii	<input type="checkbox"/>	Squamous cell carcinoma
		iii	<input type="checkbox"/>	Adenosquamous carcinoma	iv	<input type="checkbox"/>	Large cell carcinoma
		v	<input type="checkbox"/>	NSCLC-NOS	vi	<input type="checkbox"/>	NSCLC (favour AdenoCA)
		vii	<input type="checkbox"/>	NSCLC (favour SqCC)			
		b <input type="checkbox"/> Small cell lung carcinoma (SCLC)					
		c <input type="checkbox"/> Carcinoid - typical					
		d <input type="checkbox"/> Carcinoid - atypical					
e <input type="checkbox"/> Mucoepidermoid Ca							
		Date of pathological diagnosis *		<i>(dd/mm/yyyy)</i>		<input type="text"/> - <input type="text"/> - <input type="text"/>	

Section 2 : Molecular Study

1 *	Molecular study	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Test done but result not available																																											
		If Yes																																											
		a) *	Date <i>(dd/mm/yyyy)</i>	<input type="text"/> - <input type="text"/> - <input type="text"/>																																									
b) *	Type	i	<input type="checkbox"/>	EGFR	ii	<input type="checkbox"/>	KRAS Mutation	iii	<input type="checkbox"/>	ALK																																			
		iv	<input type="checkbox"/>	ROS-1	v	<input type="checkbox"/>	BRAF	vi	<input type="checkbox"/>	HER2																																			
		vii	<input type="checkbox"/>	MET	viii	<input type="checkbox"/>	Others, specify																																						
2 *	EGFR mutation	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done																																											
		a) If Positive:	<table border="1" style="width: 100%;"> <tr> <td>i</td><td><input type="checkbox"/></td><td>Ex19 Del</td> <td>ii</td><td><input type="checkbox"/></td><td>Ex21 L858R</td> <td>iii</td><td><input type="checkbox"/></td><td>T790M de novo</td> </tr> <tr> <td>iv</td><td><input type="checkbox"/></td><td>Ex20 Insertion</td> <td>v</td><td><input type="checkbox"/></td><td>G719X</td> <td>vi</td><td><input type="checkbox"/></td><td>S768i</td> </tr> <tr> <td>vii</td><td><input type="checkbox"/></td><td>Ex21 L86IQ</td> <td>vii</td><td><input type="checkbox"/></td><td>Ex20 others</td> <td colspan="3"></td> </tr> <tr> <td>x</td><td><input type="checkbox"/></td><td>Others , specify</td> <td colspan="6"></td> </tr> </table>									i	<input type="checkbox"/>	Ex19 Del	ii	<input type="checkbox"/>	Ex21 L858R	iii	<input type="checkbox"/>	T790M de novo	iv	<input type="checkbox"/>	Ex20 Insertion	v	<input type="checkbox"/>	G719X	vi	<input type="checkbox"/>	S768i	vii	<input type="checkbox"/>	Ex21 L86IQ	vii	<input type="checkbox"/>	Ex20 others				x	<input type="checkbox"/>	Others , specify				
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3 *	ALK	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done																																											
4 *	ROS1	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done																																											

Section 2 : Molecular Study (continue)

5 *	Other positive driver mutation	i	<input type="checkbox"/>	BRAF	ii	<input type="checkbox"/>	HER2	iii	<input type="checkbox"/>	KRAS G12C
		iv	<input type="checkbox"/>	Other KRAS	v	<input type="checkbox"/>	MET 14 skipping	vi	<input type="checkbox"/>	MET Amplification
		vii	<input type="checkbox"/>	NTRK	viii	<input type="checkbox"/>	Others, specify			

Section 3 : Pathology

1 *	PDL1	<input type="radio"/> Positive <input type="radio"/> Negative (<1%) <input type="radio"/> Not Done				
2	Antibody used	i	<input type="checkbox"/>	22C3		
		ii	<input type="checkbox"/>	SP142		
		iii	<input type="checkbox"/>	SP263		
		iv	<input type="checkbox"/>	28-8		
		v	<input type="checkbox"/>	73-10		
3	Percentage	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	* Please enter "0" if less than 1%

Remarks / Comments :