

# PDL1 (Immunotherapy) Test

<b>Patient Information</b>	
Patient's Full Name:	
Date of Birth:	
Gender:	
Contact Information:	
Address:	
Phone Number:	
Email Address:	
Emergency Contact Name:	
Phone Number:	
<b>Medical History</b>	
Diagnosis Date:	
Type of Cancer:	
Histology:	
Stage at Diagnosis:	
EGFR/ALK Gene Status (if known):	<input type="checkbox"/> EGFR- <input type="checkbox"/> ALK- <input type="checkbox"/> Not Tested
Other Relevant Medical Conditions:	
<b>PD-L1 Testing</b>	
Undergone PD-L1 testing before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Date of Previous Testing:	
Results (if available):	

Has the doctor recommended PD-L1 testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aware of PD-L1 levels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>TMB Testing</b>	
Has Tumor Mutation Burden (TMB) testing been suggested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Immunotherapy Considerations</b>	
Has the doctor discussed the possibility of immunotherapy as a treatment option?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, which specific immunotherapy drugs have been discussed?	
<b>Treatment Goals</b>	
What is the primary goal of cancer treatment?	