

PDL1 (Immunotherapy) Test

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

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