
therascreen[®] EGFR RGQ PCR Kit

Documentation Template

Detection of *EGFR* mutations using the *therascreen* EGFR RGQ PCR Kit

therascreen EGFR RGQ PCR Kit, Version 1, 870121

Detection of *EGFR* mutations run ID:

To be referenced on the *therascreen* EGFR RGQ software sample input tab

Date:

Operator details

Name of operator 1:

Name of operator 2 (optional):

***therascreen* EGFR RGQ PCR Kit information**

Kit catalog number: 870121 Confirm:

Kit lot number:

Kit expiration date:

Reagents and equipment provided by the laboratory

Rotor-Gene[®] Q MDx

Equipment identification:

August 2013



Sample & Assay Technologies

Sample details

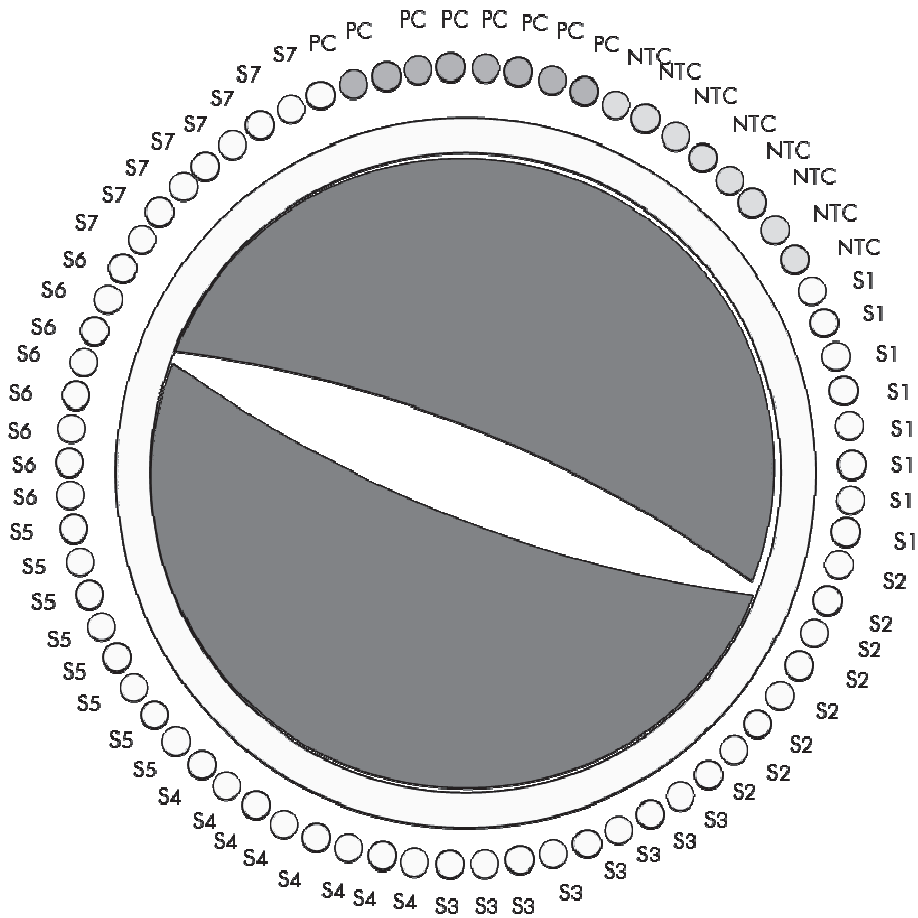
Sample number	Patient ID	Sample preparation run ID	Control run ID	Comment (e.g., sample dilution factor)
PC	Positive control	n.a.*	n.a.	
NTC	No template control	n.a.	n.a.	
1				
2				
3				
4				
5				
6				
7				

* n.a.: not applicable.

Run template map

The following template demonstrates the location of the controls (PC: positive control; NTC: no template control) and the samples (S1–S7) listed above for analysis with the 8 different reaction mixes of the *therascreen* EGFR RGQ PCR Kit and the map (next page) of the 72 well rotor for the Rotor-Gene Q MDx.

Control	1 PC	9 NTC	17 S1	25 S2	33 S3	41 S4	49 S5	57 S6	65 S7
T790M	2 PC	10 NTC	18 S1	26 S2	34 S3	42 S4	50 S5	58 S6	66 S7
Deletions	3 PC	11 NTC	19 S1	27 S2	35 S3	43 S4	51 S5	59 S6	67 S7
L858R	4 PC	12 NTC	20 S1	28 S2	36 S3	44 S4	52 S5	60 S6	68 S7
L861Q	5 PC	13 NTC	21 S1	29 S2	37 S3	45 S4	53 S5	61 S6	69 S7
G719X	6 PC	14 NTC	22 S1	30 S2	38 S3	46 S4	54 S5	62 S6	70 S7
S768I	7 PC	15 NTC	23 S1	31 S2	39 S3	47 S4	55 S5	63 S6	71 S7
Insertions	8 PC	16 NTC	24 S1	32 S2	40 S3	48 S4	56 S5	64 S6	72 S7



Note: If the rotor is not fully occupied, all empty positions on the rotor must be filled with empty capped tubes. This ensures that the thermal efficiency of the Rotor-Gene Q MDx instrument is maintained.

Signatures

Operator 1

Signature: _____

Date: _____

Operator 2 (optional)

Signature: _____

Date: _____

Supervisor

Signature: _____

Date: _____

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