Oxford Regional Genetics Laboratories Oxford University Hospitals NHS Foundation Trust The Churchill Hospital Oxford OX3 7LE

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Microsatellite Instability (MSI) / Methylation Analysis Tumour Profiling Request Form

NB. THIS IS A CLINICAL REQUEST REQUIRED FOR PATIENT / FAMILY MANAGEMENT

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Patient Details (to be completed by referring clinician)						
NHS No:		Sex	K:			
Surname:		Ad	dress:			
Forename:						
Date of Birth:		Pos	stcode:			
Hospital:		Но	spital No:			
		Cas	se Number:			
Requester Details						
Clinician:		E	mail:			
Reporting		Ir	nvoice			
Address:		A	ddress:			
Tumour Details (to be completed by histopathology)						
Sample type:	Formalin fix	Formalin fixed paraffin embedded		Side mounted sections Ot		
	(FFPE) tum	our block				
Block number/slide ref:						
Please enclose a copy of the pathology report						
Tumour histolog	gy:					
Date of biopsy:			Estimated percentage tumour in sample:			%
Sample Requirements						
Please note that accurate MSI analysis relies on sampling tumour tissue. For FFPE tumour analysis, 5 x 6-8µM sections are required mounted on microscope slides, with one additional representative section H and E stained with the tumour boundary clearly marked and the percentage tumour within the marked area estimated						
Referring Clinician Signature:						
Date:						

Please send samples to:

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