

Solid Tumour Molecular Diagnostics Request Form

Patient Details			
NHS No:		Sex:	
Surname:		Address:	
Forename:			
Date of Birth:		Postcode:	
Hospital:		Hospital No:	
Referral hospital pathology case number and block number/letter:			
Ethnicity:		NHS or private?	
Date of biopsy:		Date of request:	

Referrer Details			
Clinician:		Email/Phone:	
Reporting Address:		Invoice address if different:	

Tumour Details			
Sample type:		Tumour histology:	
Site of tumour in this biopsy:		Primary site of tumour (e.g. lung, colon):	
Tumour content across cut surface:		>30%: Please send as Scrolls (see sample requirements for details)	<30%: Please send as slide-mounted sections (see sample requirements for details)
Estimated percentage of neoplastic tissue in area for extraction: <small>(scrolls: across cut surface, sections: within marked region of H and E)</small>			

Test Required (Targets as Defined by Test Directory)			
M1.1 Colorectal Small Variant (DNA) panel			
M1.5 Colorectal Cancer – MLH1 Promotor Methylation Testing			
M3.6 Breast Cancer – PIK3CA			
M4.1 NSCLC Lung Cancer Small Variant (DNA) Panel <small>(For M4.2 see additional Sample Requirements)</small>		Include M4.2 *	
M7.1 Melanoma Small Variant (DNA) Panel			
M7.2 Melanoma BRAF Only			
M215.5 Endometrial Cancer – POLE			
M215.2 Endometrial Cancer – MLH1 Promotor Methylation Testing			
M8.1 Gastrointestinal Stromal Tumour Small Variant (DNA) Panel			
M9.1 Thyroid Papillary Carcinoma Small Variant (DNA) Panel			
M10.1 Thyroid Follicular Carcinoma Small Variant (DNA) Panel			
M11.1 Poorly Differentiated Anaplastic Thyroid Carcinoma Small Variant (DNA) Panel			
DNA-based MSI Testing			<i>Discuss prior to sending</i>
Neurological Tumours - DNA Methylation Array			
M21.1 Astrocytoma (Adult) Small Variant (DNA) Panel			

M27.1 Glioblastoma (Adult) Small Variant (DNA) Panel	
M28.1 Glioma (Adult) Small Variant (DNA) Panel	
M33.3 Meningioma (Adult) Small Variant (DNA) Panel	
M36.12 Pilocytic Astrocytoma (Adult) Small Variant (DNA) Panel	
M35.1 Oligodendroglioma (Adult) Small Variant (DNA) Panel	
M184.1 Glioma (Paediatric) Small Variant (DNA) Panel	
M185.1 High Grade Glioma (Paediatric) Small Variant (DNA) Panel	
For other Test Directory indications please contact the laboratory directly to discuss prior to referral	

Sample Requirements

One of:

- **Samples with >30% neoplastic nuclei across the cut surface:** ~50 µm FFPE tissue provided as scrolled sections cut at 6-8µm in an appropriately labelled 1.5ml microcentrifuge ("Eppendorf") tube.
- **Samples with <30% neoplastic nuclei across the cut surface:** Ten serial 5 micron sections (or five if marked tumour area >2cm² or up to 15 for very small samples) mounted on microscope slides. Multiple sections can be placed on a single slide. Microtome blade and water-bath should be cleaned thoroughly before cutting sections to avoid cross-contamination and false positive results.
Please also include an H&E stained section from the same block with the tumour boundary marked.
Percentage of neoplastic content in the marked area should be >30%
- Cytological material should be processed as FFPE tissue and sections provided as above, or the maximum available material (smears, touch preps etc) provided on slides
- * In addition to DNA based testing we are able to arrange M4.2 from a partner laboratory; if this is required please send an additional 5x scrolled sections in an appropriately labelled microcentrifuge ("Eppendorf") tube.

Labelling Standards

Please label slides with a **minimum** of the patient's surname and block identifier. Scrolled sections should be provided in similarly labelled microcentrifuge tubes. A **minimum** of 2 identifiers must be provided or the sample cannot be accepted for testing.

Address for Sending

Please send slides to:	Molecular Haematology, Level 4, John Radcliffe Hospital, Oxford OX3 9DU. Tel: 01865 572769. E-mail: molecularhaem.oxfordgenetics@ouh.nhs.uk
If you prefer to send FFPE blocks, these will need to be cut and the sections marked by a Histopathologist prior to testing, therefore please send blocks to:	Molecular Diagnostic Requests, Department of Cellular Pathology, Level 1, John Radcliffe Hospital, Headington, Oxford OX3 9DU. Tel: 01865 220499/572771. E-mail: molpath@ouh.nhs.uk

In submitting this sample the clinician confirms that consent has been obtained for testing and storage. Anonymised stored samples may be used for quality control procedures including validation of new genetic tests.

Information for Patients

Blood samples can be arranged via your GP or the phlebotomy clinic of your local hospital. This form must accompany the sample.

Following receipt of the sample, laboratory staff are unable to provide information on samples and test results directly to patients or their relatives. Such enquiries should be directed to the referring clinical teams or the GP.