

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

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

Patient Details (to be completed by referring clinician)

NHS No:		Sex*:	
Surname:			
Forename:		Address:	
Date of Birth:			
Hospital:		Postcode:	
Hospital No:		Case Number:	

*Please state if karyotypic and/or phenotypic sex differ from given sex.

Requester Details

Clinician:		Email:	
Reporting Address:		Invoice Address:	

Tumour Details (to be completed by histopathology)

Sample type:	Formalin fixed paraffin embedded (FFPE) tumour block	Side mounted sections	Other
Block number/slide ref:	Please enclose a copy of the pathology report		
Tumour histology:			
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:

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