

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):	
Select as appropriate	Primary:	Metastasis:	Unknown:
Estimated percentage of neoplastic tissue in the marked area(s):			

Test Required	
Colorectal panel including <i>KRAS/NRAS/BRAF</i>:	
Non-small cell lung cancer <i>EGFR</i> Only:	
Non-small cell lung cancer panel including <i>KRAS/BRAF/EGFR</i>:	
Melanoma <i>BRAF</i> Only:	
Melanoma panel including <i>BRAF/NRAS/KIT</i>:	
Gastrointestinal stromal tumour panel including <i>KIT/PDGFR</i>:	
Other (please specify):	

Sample Requirements
<p>One of:</p> <ul style="list-style-type: none"> 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% A single punch from the FFPE tissue block encompassing the area with the highest density of malignant cells can be sent (along with an estimation of tumour percentage in that region) 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

Labelling Standards

Please label slides with a **minimum** of the patient's surname and block identifier. Block punches 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: oxford.molecularhaem@nhs.net
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. E-mail: molpath@nhs.net

Consent

In submitting this sample the clinician confirms that informed consent has been obtained for

- a. storage and testing (current and future testing as this becomes available)
- b. the use of this sample and the information generated from it to be shared with members of the donor's family and their health professionals (if appropriate)
- c. the information generated to be entered onto local and national confidential databases

If specific consent to any of the above is not given please provide details below. The patient should be advised that the sample may be used anonymously for quality assurance, training and research purposes.

Signed:			
Clinician		Date:	