

Document Code:	PMP_X114	Date of Issue:	16.05.2022
Version Number:	2.0		



EGFR MUTATION TESTING VIA CIRCULATING TUMOUR DNA MOLECULAR TESTING REQUEST FORM

PATIENT DETAILS			
SURNAME:		FORENAME:	
DOB:	SEX:	NHS No:	
HOSPITAL No:	ROUTINE:	URGENT:	

REQUEST REASON		
DIAGNOSIS (No previous tissue test):	<input type="checkbox"/>	KNOWN MUTATION:
PROGRESSION (T790M):	<input type="checkbox"/>	DATE OF BLOOD DRAW:
MONITORING:	<input type="checkbox"/>	TIME OF BLOOD DRAW:

PLEASE ENSURE ALL BLOOD TUBES ARE LABELLED WITH PATIENT ID'S
Please see specimen requirements for transport details. Testing tubes can be requested using the button below (PDF version only) or by emailing: mpds.enquiries@nhs.net

REFERRING CLINICIAN & REPORT DESTINATION			
NAME:		HOSPITAL:	
EMAIL:		TEL:	
REPORT DESTINATION .NET EMAIL(s):			
PLEASE TICK TO INDICATE INVOICING PREFERENCE:	<input type="checkbox"/>	PATHOLOGIST	<input type="checkbox"/>
		PHYSICIAN	<input type="checkbox"/>

SPECIMEN REQUIREMENTS	MOLECULAR CONTACT DETAILS
<ul style="list-style-type: none"> Details of block requirement / section preparation can be found on our website: qehbpathology.uk Please supply copy of original Histopathology report. Residual material will be returned to you as soon as possible. 	<p>Please send material to: The Molecular Pathology Diagnostic Service Clinical Laboratory Services, Level -1 Queen Elizabeth Hospital Birmingham, Mindelsohn Way, B15 2WB T : 0121 3713320 / 13325 E : mpds.enquiries@nhs.net</p>

UHB LAB USE ONLY – PLEASE DO NOT COVER			
DATE SENT:	DATE RECV'D:	RECV'D BY:	MATERIAL:
BOOKED IN:	BOOKING CHECK:		
UHB REG: ZP			TISSUE ASSESSMENT:
SECTIONING STAFF:	BLOCK/SLIDE CHECK:		
SPECIAL CUTTING INSTRUCTIONS:			