

Document Code:	PMP_X168	Date of Issue:	18.02.2022
Version Number:	2.0		

GIST MOLECULAR TESTING REQUEST FORM

KIT & PDGFRA Mutation Testing (Selected exons)				<input type="checkbox"/>	
BRAF Mutation Testing	<input type="checkbox"/>	NTRK Fusions Testing	<input type="checkbox"/>	SDHB Expression	<input type="checkbox"/>
Diagnostic	<input type="checkbox"/>	Follow up due to TKI resistance	<input type="checkbox"/>	Known KIT/PDGFR mutations	<input type="checkbox"/>
Additional testing:			Please state known mutations here:		

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

REFERRING CLINICIAN & REPORT DESTINATION					
NAME:			HOSPITAL:		
EMAIL:			TEL:		
REPORT DESTINATION .NET EMAIL(s):					
PLEASE TICK TO INDICATE INVOICING PREFERENCE:		PATHOLOGIST	PHYSICIAN		

SAMPLE / CLINICAL DETAILS			
PATHOLOGY HOSPITAL:		DATE SENT:	
REPORT / PATHOLOGY No:		SPEC TYPE:	
SECTION CUT DATE:	DRYING LEGNTH:	DRYING TEMP:	

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:			