

Document Code:	PMP_X092	Date of Issue:	15/08/2022
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MELANOMA MOLECULAR TESTING REQUEST FORM

BRAF Mutation	<input type="checkbox"/>	NRAS Mutation	<input type="checkbox"/>	KIT Mutation	<input type="checkbox"/>
PD-L1 28-8 IHC for NIVOLUMAB	<input type="checkbox"/>	NTRK Fusions	<input type="checkbox"/>		
Additional testing:					

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:		<input type="checkbox"/> PATHOLOGIST	<input type="checkbox"/> 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:			