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LUNG CANCER MOLECULAR TESTING REQUEST FORM

EGFR Mutations	<input type="checkbox"/>	ALK IHC	<input type="checkbox"/>	ALK FISH	<input type="checkbox"/>
BRAF Mutations	<input type="checkbox"/>	ROS IHC	<input type="checkbox"/>	ROS FISH	<input type="checkbox"/>
KRAS Mutations	<input type="checkbox"/>	PD-L1 IHC for Pembrolizumab	<input type="checkbox"/>	HER-2 Amplification	<input type="checkbox"/>
HER-2 Mutations	<input type="checkbox"/>	NTRK Fusions	<input type="checkbox"/>	MET Amplification	<input type="checkbox"/>
MET Exon 14 Mutations	<input type="checkbox"/>	RET Fusions	<input type="checkbox"/>		
Additional testing:				<i>If submitting cases for confirmatory ALK/ROS/HER2 FISH, please provide your IHC slide for reference.</i>	

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:			