

Document Code:	PMP_X465	Date of Issue:	16/08/2022
Version Number:	2.1		



CERVICAL CANCER MOLECULAR TESTING REQUEST FORM

PD-L1 22C3 IHC for PEMBROLIZUMAB (CPS)	<input type="checkbox"/>	NTRK Fusions	<input type="checkbox"/>	HPV ISH	<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:		PATHOLOGIST		PHYSICIAN		

SAMPLE / CLINICAL DETAILS					
PATHOLOGY HOSPITAL:				DATE SENT:	
REPORT / PATHOLOGY No:			SPEC TYPE:		
SECTION CUT DATE:		DRYING LENGTH:		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. Cell blocks are not suitable for cervical PD-L1 22C3 testing. 	<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:						