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## CHOLANGIOCARCINOMA MOLECULAR TESTING REQUEST FORM

Mismatch Repair IHC	<input type="checkbox"/>	NTRK Fusions	<input type="checkbox"/>	FGFR2 Fusions	<input type="checkbox"/>	IDH1/2 Mutations	<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"> <li>Details of block requirement / section preparation can be found on our website: <a href="http://qehbpathology.uk">qehbpathology.uk</a></li> <li>Please supply copy of original Histopathology report.</li> <li>Residual material will be returned to you as soon as possible.</li> </ul>				<p><b>Please send material to:</b> The Molecular Pathology Diagnostic Service Clinical Laboratory Services, Level -1 Queen Elizabeth Hospital Birmingham, Mindelsohn Way, B15 2WB <b>T : 0121 3713320 / 13325</b> <b>E : <a href="mailto:mpds.enquiries@nhs.net">mpds.enquiries@nhs.net</a></b></p>			

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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:							