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ENDOMETRIAL CANCER MOLECULAR TESTING REQUEST FORM

Mismatch Repair IHC	<input type="checkbox"/>	NTRK Fusion	<input type="checkbox"/>	MLH-1 Promoter Methylation	<input type="checkbox"/>
POLE Mutation	<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. 	<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:					