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HEAD AND NECK MOLECULAR TESTING REQUEST FORM

PD-L1 22C3 IHC for PEMBROLIZUMAB	<input type="checkbox"/>	PD-L1 28-8 IHC for NIVOLUMAB	<input type="checkbox"/>
HPV ISH	<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	<input type="checkbox"/>

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. Cell blocks are not suitable for bladder PD-L1 testing. 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:			