

Document Code:	PMP_X091	Date of Issue:	15/08/2022
Version Number:	3.2		

### 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"/>	CDKN2A/B	<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"> <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            B15 2WB  <b>T : 0121 3713320 / 13325</b>  <b>E : <a href="mailto:mpds.enquiries@nhs.net">mpds.enquiries@nhs.net</a></b></p>

UHB LAB USE ONLY – PLEASE DO NOT COVER			
DATE SENT:	DATE RECVD:	MATERIAL:	
BOOKED IN:	BOOKING CHECK:		
UHB REG: ZP		TISSUE ASSESSMENT:	
SECTIONING STAFF:	BLOCK/SLIDE CHECK:		
SPECIAL CUTTING INSTRUCTIONS:			