

Document Code:	PMP_X093	Date of Issue:	05/09/2022
Version Number:	2.2	Copy Number:	

NEUROPATHOLOGY MOLECULAR TESTING REQUEST FORM

MGMT Promoter Methylation Assessment	<input type="checkbox"/>	IDH1 (codon 100/132) /IDH2 (codon 172)	<input type="checkbox"/>
1P19Q FISH	<input type="checkbox"/>	BRAF (V600E)	<input type="checkbox"/>
		NTRK (RT-PCR)	<input type="checkbox"/>
		CDKN2A/B FISH	<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. 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:	MATERIAL:	
BOOKED IN:	BOOKING CHECK:		
UHB REG: ZP		TISSUE ASSESSMENT:	
SECTIONING STAFF:	BLOCK/SLIDE CHECK:		
SPECIAL CUTTING INSTRUCTIONS:			