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Version Number:	<b>2.1</b>		



## THYROID CANCER MOLECULAR TESTING REQUEST FORM

<b>BRAF V600E IHC</b>	<input type="checkbox"/>	<b>BRAF V600 Mutation by PCR</b>	<input type="checkbox"/>	<b>RET Fusions</b>	<input type="checkbox"/>	<b>NTRK Fusions</b>	<input type="checkbox"/>
<b>Additional testing:</b>							

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"> <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 RECV'D:	MATERIAL:
BOOKED IN:	BOOKING CHECK:	
UHB REG: ZP		TISSUE ASSESSMENT:
SECTIONING STAFF:	BLOCK/SLIDE CHECK:	
SPECIAL CUTTING INSTRUCTIONS:		