

Document Code:	PMP_X454	Date of Issue:	17.05.2022
Version Number:	2.1		

### UPPER GI MOLECULAR TESTING REQUEST FORM

HER-2 Expression Testing by IHC and subsequent FISH analysis if required			<input type="checkbox"/>
PD-L1 22C3 IHC for PEMBROLIZUMAB	<input type="checkbox"/>	MLH-1 Promoter Methylation Assessment	<input type="checkbox"/>
PD-L1 28-8 IHC for NIVOLUMAB	<input type="checkbox"/>	NTRK Fusions	<input type="checkbox"/>
Mismatch Repair IHC	<input type="checkbox"/>	MSI PCR	<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"> <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>Cell blocks are not suitable for upper GI PD-L1 testing.</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,  Mindelsohn Way, 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:	RECV'D BY:	MATERIAL:
BOOKED IN:	BOOKING CHECK:		
UHB REG: ZP			TISSUE ASSESSMENT:
SECTIONING STAFF:	BLOCK/SLIDE CHECK:		
SPECIAL CUTTING INSTRUCTIONS:			