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## BREAST CANCER MOLECULAR TESTING REQUEST FORM

PD-L1 SP142 for ATEZOLIZUMAB AND PD-L1 22C3 for PEMBROLIZUMAB (PARALLEL TESTING)				<input type="checkbox"/>	
PD-L1 22C3 for PEMBROLIZUMAB ONLY		<input type="checkbox"/>	HER-2 IHC WITH Sequential FISH Analysis		<input type="checkbox"/>
HER-2 FISH ONLY	<input type="checkbox"/>	PIK3CA Mutation Testing	<input type="checkbox"/>	NTRK Fusions	<input type="checkbox"/>
ADDITIONAL TESTING:					

PATIENT DETAILS					
SURNAME:			FORENAME:		
DOB:	SEX:		NHS No:		
HOSPITAL No:			ROUTINE:	URGENT:	

REFERRING CLINICIAN					
NAME:			HOSPITAL:		
EMAIL:			TEL:		
PLEASE TICK TO INDICATE INVOICING PREFERENCE:		PATHOLOGIST		PHYSICIAN	

SAMPLE / CLINICAL DETAILS			
PATHOLOGY HOSPITAL:			DATE SENT:
REPORT / PATHOLOGY No:		SPEC TYPE:	
SECTION CUT DATE:	DRYING LENGTH:	DRYING TEMP:	

INFO & 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>Reports will be emailed to the distribution list associated with the referring pathology hospital. To amend this list, please email the lab.</li> </ul>	<p><b>Please send material to:</b></p> <p>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>

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DATE SENT:	DATE REC'D:	BY:	MATERIAL:
BOOKED IN:	BOOKING CHECK:		
UHB REG: ZP			TISSUE ASSESSMENT:
SECTIONING STAFF:	BLOCK/SLIDE CHECK:		
SPECIAL CUTTING INSTRUCTIONS & CASE NOTES:			