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SARCOMA MOLECULAR TESTING REQUEST FORM

EWSR1 FISH	<input type="checkbox"/>	FUS FISH	<input type="checkbox"/>	SS18 FISH	<input type="checkbox"/>	DDIT3 FISH	<input type="checkbox"/>
TFE3 FISH	<input type="checkbox"/>	USP6 FISH	<input type="checkbox"/>	WWTR1 FISH	<input type="checkbox"/>	CIC FISH	<input type="checkbox"/>
NR4A3 FISH	<input type="checkbox"/>	FOXO1 FISH	<input type="checkbox"/>	PAX3 FISH	<input type="checkbox"/>	COL1A1-PDGFB	<input type="checkbox"/>
MDM2 Amplification	<input type="checkbox"/>	Beta Catenin Mutation	<input type="checkbox"/>	IDH Mutation	<input type="checkbox"/>		<input type="checkbox"/>
Next Generation Sequencing (NGS): Archer FusionPlex® Sarcoma v2							<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:		PATHOLOGIST		PHYSICIAN			

SAMPLE / CLINICAL DETAILS							
PATHOLOGY HOSPITAL (if different to above):						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:		RECV'D BY:		MATERIAL:	
BOOKED IN:		BOOKING CHECK:					
UHB REG: ZP						TISSUE ASSESSMENT:	
SECTIONING STAFF:			BLOCK/SLIDE CHECK:				
SPECIAL CUTTING INSTRUCTIONS:							