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## CHOLANGIOCARCINOMA MOLECULAR TESTING REQUEST FORM

Mismatch Repair IHC	<input type="checkbox"/>	NTRK Fusions	<input type="checkbox"/>	FGFR2 Fusions	<input type="checkbox"/>	IDH1/2 Mutations	<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:				<input type="checkbox"/> PATHOLOGIST		<input type="checkbox"/> PHYSICIAN	

SAMPLE / CLINICAL DETAILS							
PATHOLOGY HOSPITAL:					DATE SENT:		
REPORT / PATHOLOGY No:				SPEC TYPE:			
KNOWN DECALCIFICATION PROCESSES:							

SPECIMEN REQUIREMENTS	MOLECULAR CONTACT DETAILS
<ul style="list-style-type: none"> <li>Please do not send clipped corner slides.</li> <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>The Molecular Pathology Diagnostic Service Clinical Laboratory Services, Level -1 Queen Elizabeth Hospital Birmingham, B15 2WB T : 0121 3713320 / 13325 E : <a href="mailto:mpds.enquiries@nhs.net">mpds.enquiries@nhs.net</a></p>

MPDS OFFICE USE		
DATE RVD:	RVD BY:	MATERIAL:
BOOKED:	CHECKED:	
REG: ZP		

MPDS LABORATORY USE					
SECTIONING STAFF:				SECTIONING CHECK:	
TUMOUR CONTENT:				HE ASSESSOR NAME:	
				HE ASSESSMENT DATE:	
TEST TYPE:	IHC	FISH	IDYLLA	DNA	RNA
CUTTING REQUIREMENTS:	x 3um	x 2um	5um	2 x 6um	10 x 6um
	x 4um		10um	3 x 6um	8 x 6um
MACRODISSECTION:	YES	NO	SPECIAL CUTTING INSTRUCTIONS:		
SLIDES	SCROLLS				