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EGFR MUTATION TESTING VIA CIRCULATING TUMOUR DNA MOLECULAR TESTING REQUEST FORM

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

REQUEST REASON		
DIAGNOSIS (No previous tissue test):	<input type="checkbox"/>	KNOWN MUTATION:
PROGRESSION (T790M):	<input type="checkbox"/>	DATE OF BLOOD DRAW:
MONITORING:	<input type="checkbox"/>	TIME OF BLOOD DRAW:

PLEASE ENSURE ALL BLOOD TUBES ARE LABELLED WITH PATIENT ID'S
Please see specimen requirements for transport details. Testing tubes can be requested using the button below (PDF version only) or by emailing: mpds.enquiries@nhs.net

REFERRING CLINICIAN & REPORT DESTINATION			
NAME:		HOSPITAL:	
EMAIL:		TEL:	
REPORT DESTINATION .NET EMAIL(S):			
PLEASE TICK TO INDICATE INVOICING PREFERENCE:		PATHOLOGIST	PHYSICIAN

SPECIMEN REQUIREMENTS	MOLECULAR CONTACT DETAILS
<ul style="list-style-type: none"> 8-10ml blood in PAXgene ccfDNA Gently invert tube 8-10 times immediately following draw. Blood tube must be stored at room temperature. Blood tube must reach the laboratory within 2-3 days post blood draw. 	<p>The Molecular Pathology Diagnostic Service Clinical Laboratory Services, Level -1 Queen Elizabeth Hospital Birmingham, B15 2WB T : 0121 3713320 / 13325 E : mpds.enquiries@nhs.net</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				