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Version Number:		2.2				



GIST MOLECULAR TESTING REQUEST FORM

KIT & PDGFRA Mutation Testing (Selected exons)															
BRAF Mutation Testing NTRK Fusions Testing							SDHE	Expre	ssio	n					
Diagnostic ☐ Follow up due to TKI resistance ☐ K						K,)))	KIT	/DDGI	FR mut	atio	ne			
			Starre								113				
Additional testing: Please state known mutations here:															
PATIENT DETAILS															
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REFERRING CLINICIAN															
NAME: HOSPITAL:															
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SAMPLE / CLINICAL DETAILS															
PATHOLOGY HOSPITAL:							DATE SENT:								
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KNOWN DECALO	CIFICATI	ON PR	OCESSES:												
SPECIMEN REQUIREMENTS						MOL	ECUL	AR (CONTA	CT DE	TAILS	S			
Details of block requirement / section preparation ca our website: qehbpathology.uk				an be fo	aund on							rvice			
our website:	gehbpath			•		Julia Oli			orotor	Clinical Laboratory Services, Level -1 Queen Elizabeth Hospital Birmingham, B15 2WB					
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