

Document Code:	MOL.F500	Date of Issue:	14 th August 2024
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GIST MOLECULAR TESTING REQUEST FORM

KIT & PDGFRA Mutation Testing (Selected exons)				<input type="checkbox"/>	
BRAF Mutation Testing	<input type="checkbox"/>	NTRK Fusions Testing	<input type="checkbox"/>	SDHB Expression	<input type="checkbox"/>
Diagnostic	<input type="checkbox"/>	Follow up due to TKI resistance	<input type="checkbox"/>	Known KIT/PDGFR mutations	<input type="checkbox"/>
Additional testing:		Please state known mutations here:			

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:
KNOWN DECALCIFICATION PROCESSES:	

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. 	The Molecular Pathology Diagnostic Service Clinical Laboratory Services, Level -1 Queen Elizabeth Hospital Birmingham, B15 2WB T : 0121 3713320 / 13325 E : mpdsenquiries@uhb.nhs.uk

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				