

Document Code:	MOL.F502	Date of Issue:	29 <sup>th</sup> August 2024
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## HEAD AND NECK MOLECULAR TESTING REQUEST FORM

<b>PD-L1 22C3 IHC for PEMBROLIZUMAB</b>	<input type="checkbox"/>	<b>PD-L1 28-8 IHC for NIVOLUMAB</b>	<input type="checkbox"/>
<b>HPV ISH</b>	<input type="checkbox"/>	<b>NTRK Fusions</b>	<input type="checkbox"/>
<b>Additional testing:</b>			

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>Cell blocks are not suitable for bladder PD-L1 testing.</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				