| Document Code: | PMP_X091 | Date of Issue: | 20 th May 2024 | | |
|-----------------|----------|----------------|---------------------------|--|--|
| Version Number: | | 3.3 | | | |



LUNG CANCER MOLECULAR TESTING REQUEST FORM

| EGFR Mutations | | ALK IHC | | | | | | ALK FISH | | | | | |
|--|-------------------|-----------------------------|----------|-------------------------------|-----------|--|--|-----------------|------------|-----|----------|---|--|
| BRAF Mutations | | ROS IHC | | | | | ROS FISH | | | | | | |
| KRAS Mutations | | PD-L1 IHC for Pembrolizumab | | | | | НЕ | ER-2 Aı | mplificat | ion | | | |
| HER-2 Mutations | | NTRK Fusions | | | | | M | IET Am | nplificati | on | | | |
| MET Exon 14 Mutation | ns 🗆 | RET Fusions | | | | | | CDK | (N2A/B | | | | |
| Additional testing: | | | | | | | | | | | | | |
| PATIENT DETAILS | | | | | | | | | | | | | |
| SURNAME: | | | | FORE | FORENAME: | | | | | | | | |
| DOB: | EX: | | | NHS No: | | | | | | | | | |
| HOSPITAL No: | | | | | ROUTINE: | | URGE | GENT: | | | | | |
| REFERRING CLINICIAN & REPORT DESTINATION | | | | | | | | | | | | | |
| NAME: HOS | | | | HOSPI [*] | OSPITAL: | | | | | | | | |
| EMAIL: | MAIL: | | | | TEL: | | | | | | | | |
| PLEASE TICK TO INDICATE INVOICING PREFERENCE: | | | | ICE: | PATH | THOLOGIST PHYSICIAN | | | | | | | |
| CAMPLE / CLINICAL DETAILS | | | | | | | | | | | | | |
| PATHOLOGY HOSPITAL: DATE SENT: | | | | | | | | | | | | | |
| | | | | EC TYPE: | | | | | | | | | |
| KNOWN DECALCIFICATION PROCESSES: | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| SPECIMEN REQUIREMENTS MOLECULAR CONTACT DETAILS | | | | | | | | | | | | | |
| Please do not send cli | | | | | | The Molecular Pathology Diagnostic Service | | | | | | | |
| If submitting cases for confirmatory ALK/ROS/HER provide your IHC slide for reference. | | | | | | | Clinical Laboratory Services, Level -1 Queen Elizabeth Hospital – Birmingham, B15 2WB | | | | | | |
| Details of block requirement / section preparation our website: qehbpathology.uk | | | | an be lound on | | | T : 0121 3713320 / 13325 | | | | | | |
| Please supply copy of original Histopathology repetitions | | | | _ | | | E: mpds.enquiries@nhs.net | | | | | | |
| Residual material will be returned to you as soon as possible. | | | | | | | | | | | | | |
| | | | MPD | S OFFIC | E USE | | | | | | | | |
| DATE RVD: | | RVD BY: | | | | MATE | ERIAL: | | | | | | |
| BOOKED: CHECKED: | | | | | | | | | | | | | |
| REG: ZP MPDS LABORATORY USE | | | | | | | | | | | | | |
| SECTIONING STAFF: | SECTIONING CHECK: | | | | | | | | | | | | |
| HE A | | | | ASSESSOR NAME: | | | | | | | | | |
| TUMOUR CONTENT: | | | HE ASSES | | | SMENT DATE: | | | | | | | |
| TEST TYPE: | IHC | | FI | SH | H IDYL | | A | DNA | | | RNA | | |
| CUTTING | x 3 | 3um x | | x 2um | | 5um | | 2 | 2 x 6um | | 10 x 6un | n | |
| REQUIREMENTS: | x 4 | um | | 10um | | | | 3 x 6um 8 x 6um | | | | 1 | |
| MACRODISSECTION: | YES | | NO | SPECIAL CUTTING INSTRUCTIONS: | | | | | | | | | |
| SLIDES | SC | CROLLS | | | | | | | | | | | |