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LYMPHOMA MOLECULAR TESTING REQUEST FORM

BCL2 FISH	<input type="checkbox"/>	BCL6 FISH	<input type="checkbox"/>	C-MYC FISH	<input type="checkbox"/>	CCND1 FISH	<input type="checkbox"/>	TP63 FISH	<input type="checkbox"/>	MALT1 FISH	<input type="checkbox"/>	
EBER ISH	<input type="checkbox"/>	IRF4/DUSP22 FISH	<input type="checkbox"/>	EuroClonality NGS				<input type="checkbox"/>	Myeloid NGS			<input type="checkbox"/>
Additional testing:												

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:			
IF REQUESTING EUROCLONALITY OR MYELOID NGS ▼			
CLINICAL DETAILS:			
CELLULARITY:	TUMOUR CONTENT ▶	T-CELL:	B-CELL:

SPECIMEN REQUIREMENTS	MOLECULAR CONTACT DETAILS
<ul style="list-style-type: none"> Please do not send clipped corner slides. 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				