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BREAST CANCER MOLECULAR TESTING REQUEST FORM

PD-L1 SP142 for ATEZOLIZUMAB AND PD-L1 22C3 for PEMBROLIZUMAB (PARALLEL TESTING)														
PD-L1 22C3 for PE	MBRO	LIZUMAB ONLY HER-2 IHC WITH				Sequential FISH Analysis								
HER-2 FISH ONLY	Y		PIK3CA Mutation Testing						□ NTRK Fusions					
ESR1 Tissue			ESR1 CtDNA							AKT1 T	issue			
ADDITIONAL TESTING:														
PATIENT DETAILS														
SURNAME:					FOF	FORENAME:								
DOB:	DOB: SEX:					NHS No:								
HOSPITAL No:					RO	ROUTINE: URGENT:								
REFERRING CLINICIAN														
						HOSPITAL:								
EMAIL:	TEL:													
PLEASE TICK TO INDICAT	EASE TICK TO INDICATE INVOICING PREFERENCE:					PATHOLOGIST PHYSICIAN								
SAMPLE / CLINICAL DETAILS														
PATHOLOGY HOSPITAL:								DATE	ATE SENT:					
REPORT / PATHOLOGY No:								SECTION CUT DATE:						
SPECIMEN TYPE: IF BLOOD ▶ DATE OF DRAW:														
KNOWN DECALCIFICATION PROCESSES:														
INFO & SPECIMEN REC	UIREME	ENTS						MOLECULAR CONTACT DETAILS						
 Please do not send clipped corner slides. Details of block requirement / section preparation can be sour website: qehbpathology.uk Please supply copy of original Histopathology report. Reports will be emailed to the distribution list associated referring pathology hospital. To amend this list, please em lab. 					with	the	Queen Elizabeth Hospital – Birmingham, B15 2WB T: 0121 3713320 / 13325					/B		
OFFICE USE														
DATE SNT:		DATE RVD:								MATERIAL RECEIVED:				
BOOKED IN: BO	OKING (OKING CHECK:				VD BY:								
UHB REG:														
LABORATORY						DRY								
SECTIONING STAFF:								NG CHECK:						
TUMOUR CONTENT:					HE ASSESSOR									
TEST TYPE: IHC F			ISH		IDYLLA			DNA		RNA				
CUTTING		x 3ur			x 2um	2um		5um		2 x 6um		10 x 6un	n	
REQUIREMENTS:		x 4ur	n				10um		1	3 x 6um 8 x		8 x 6um		
MACRODISSECTION:	YE	S		NO	SPEC	IAL (CUTTII	NG IN	ISTRU	СТІОІ	NS:			
SLIDES		SCR	OLLS											