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BREAST CANCER MOLECULAR TESTING REQUEST FORM

PD-L1 SP142 for ATEZOLIZUMAB AND PD-L1 22C3 for PEMBROLIZUMAB (PARALLEL TESTING)				<input type="checkbox"/>		
PD-L1 22C3 for PEMBROLIZUMAB ONLY		<input type="checkbox"/>	HER-2 IHC WITH Sequential FISH Analysis		<input type="checkbox"/>	
HER-2 FISH ONLY	<input type="checkbox"/>	PIK3CA Mutation Testing		<input type="checkbox"/>	NTRK Fusions	<input type="checkbox"/>
ESR1 Tissue	<input type="checkbox"/>	ESR1 CtDNA		<input type="checkbox"/>	AKT1 Tissue	<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:				SECTION CUT DATE:		
SPECIMEN TYPE:			IF BLOOD ►	DATE OF DRAW:		

INFO & 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. Reports will be emailed to the distribution list associated with the referring pathology hospital. To amend this list, please email the lab. 	<p>Please send material to: The Molecular Pathology Diagnostic Service Queen Elizabeth Hospital – Birmingham, B15 2WB T : 0121 3713320 / 13325 E : mpds.enquiries@nhs.net</p>

OFFICE USE						
DATE SNT:		DATE RVD:		MATERIAL RECEIVED:		
BOOKED IN:	BOOKING CHECK:	RVD BY:				
UHB REG:						

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					