

Document Code:	PMP_X092	Date of Issue:	14 th August 2024
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MELANOMA MOLECULAR TESTING REQUEST FORM

BRAF Mutation	<input type="checkbox"/>	NRAS Mutation	<input type="checkbox"/>	KIT Mutation	<input type="checkbox"/>
PD-L1 28-8 IHC for NIVOLUMAB	<input type="checkbox"/>	NTRK Fusions	<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:	

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. Residual material will be returned to you as soon as possible. 	<p>Please send material to: 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</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				