

|                 |          |                |                           |
|-----------------|----------|----------------|---------------------------|
| Document Code:  | PMP_X447 | Date of Issue: | 20 <sup>th</sup> May 2024 |
| Version Number: | 2.2      |                |                           |



## NTRK FUSION TESTING REQUEST FORM

| 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"> <li>Please do not send clipped corner slides.</li> <li>Details of block requirement / section preparation can be found on our website: <a href="http://qehbpathology.uk">qehbpathology.uk</a></li> <li>Please supply copy of original Histopathology report.</li> <li>Residual material will be returned to you as soon as possible.</li> </ul> | <p>The Molecular Pathology Diagnostic Service<br/>Clinical Laboratory Services, Level -1<br/>Queen Elizabeth Hospital – Birmingham, B15 2WB<br/>T : 0121 3713320 / 13325<br/>E : <a href="mailto:mpds.enquiries@nhs.net">mpds.enquiries@nhs.net</a></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             |       |                               |         |          |