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NEUROPATHOLOGY MOLECULAR TESTING REQUEST FORM

MGMT Promoter Methylation Assessment			IDH1	IDH1 (codon 100/132) /IDH2 (codon 172)							
1P19Q FISH		BRAF (V	600E)		NTRK	(RT-PCR)	□ С	DKN2A/B	FISH		
Additional testing:											
PATIENT DETAILS											
SURNAME:			FORENAME:								
DOB: SEX:			NHS No:								
HOSPITAL No:			ROUTINE: URGENT:								
DEFENDING OF INTOLAN											
REFERRING CLINICIAN											
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PLEASE TICK TO INDICATE INVOICING PREFERENCE: PATHOLOGIST PHYSICIAN											
SAMPLE / CLINICAL DE	TAILS	3									
PATHOLOGY HOSPITAL	_:						DATE SE	NT:			
REPORT / PATHOLOGY	/ No:				SPEC	TYPE:					
KNOWN DECALCIFICATION PROCESSES:											
SPECIMEN REQUIREMENTS					MOLECULAR CONTACT DETAILS						
Please do not send clipped slides. Details of block requirement / section preparation can be our website: qehbpathology.uk Please supply copy of original Histopathology report. Residual material will be returned to you as soon as pos					The Molecular Pathology Diagnostic Service Clinical Laboratory Services, Level -1 Queen Elizabeth Hospital Birmingham, B15 2WB T: 0121 3713320 / 13325 E: mpds.enquiries@nhs.net						
our website: qehbpaPlease supply copy of	thology of origi	<mark>/.uk</mark> nal Histopatho	ology repo	rt.		Queen Elizab T : 0121 371	3320 / 1332	5	ı, B15 2WB	3	
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