

Document Code:	PMP_X093	Date of Issue:	20 th May 2024
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NEUROPATHOLOGY MOLECULAR TESTING REQUEST FORM

MGMT Promoter Methylation Assessment	<input type="checkbox"/>	IDH1 (codon 100/132) /IDH2 (codon 172)	<input type="checkbox"/>
1P19Q FISH	<input type="checkbox"/>	BRAF (V600E)	<input type="checkbox"/>
		NTRK (RT-PCR)	<input type="checkbox"/>
		CDKN2A/B FISH	<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"> Please do not send clipped slides. 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>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</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				