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### THYROID CANCER MOLECULAR TESTING REQUEST FORM

BRAF V600 Mutation by PCR		<input type="checkbox"/>	BRAF V600E IHC		<input type="checkbox"/>
NTRK Fusions	<input type="checkbox"/>	RET Rearrangement	<input type="checkbox"/>	RET Mutations (Medullary Carcinoma)	<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:	

INFO & 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>Reports will be emailed to the distribution list associated with the referring pathology hospital. To amend this list, please email the lab.</li> </ul>	<p>The Molecular Pathology Diagnostic Service Clinical Laboratory Services, Level -1 Queen Elizabeth Hospital – Birmingham, B15 2WB T : 0121 3713320 / 13325 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				