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UPPER GI MOLECULAR TESTING REQUEST FORM

HER-2 Expression Testing by IHC and subsequent FISH analysis if required				<input type="checkbox"/>
PD-L1 22C3 IHC for PEMBROLIZUMAB	<input type="checkbox"/>	PD-L1 28-8 IHC for NIVOLUMAB	<input type="checkbox"/>	
MLH-1 Promoter Methylation Assessment	<input type="checkbox"/>	Mismatch Repair IHC	<input type="checkbox"/>	
NTRK Fusions	<input type="checkbox"/>	MSI PCR	<input type="checkbox"/>	Claudin 18.2 IHC
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"> Cell blocks are not suitable for upper GI PD-L1 testing. 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 : 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				