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### UROTHELIAL MOLECULAR TESTING REQUEST FORM

PD-L1 22C3 IHC for PEMBROLIZUMAB	<input type="checkbox"/>	Mismatch Repair IHC	<input type="checkbox"/>
PD-L1 SP142 for ATEZOLIZUMAB	<input type="checkbox"/>	NTRK Fusions	<input type="checkbox"/>
PD-L1 28-8 for NIVOLUMAB	<input type="checkbox"/>	FGFR 2/3 Alterations	<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 for PD-L1 SP142.</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>Cell blocks are not suitable for bladder PD-L1 testing.</li> <li>Residual material will be returned to you as soon as possible.</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				