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PROSTATE CANCER MOLECULAR TESTING REQUEST FORM

BRCA1/2 Mutations Tissue	<input type="checkbox"/>	BRCA1/2 Mutations ctDNA	<input type="checkbox"/>
NTRK Fusions	<input type="checkbox"/>	PTEN IHC	<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 LAB:		DATE SENT:	
EXTERNAL LAB ID:		SPECIMEN:	
MANDATORY	IF SUBMITTING UNSTAINED SECTIONS ►	DATE CUT:	
IF SUBMITTING CTDNA ▼			
DATE BLOOD DRAWN:		TIME:	
PLEASE ENSURE ALL BLOOD TUBES ARE LABELLED WITH PATIENT ID'S			

INFO & SPECIMEN REQUIREMENTS	MOLECULAR CONTACT DETAILS
<ul style="list-style-type: none"> 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>Please send material to: Molecular Pathology Diagnostic Service Clinical Laboratory Services, Level -1 Queen Elizabeth Hospital – Birmingham, B15 2WB T : 0121 3713325 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				