

Document Code:	MOL.F547	Date of Issue:	11.12.2025
Version Number:	3.4		

## LUNG CANCER MOLECULAR TESTING REQUEST FORM

EGFR Mutations	<input type="checkbox"/>	ALK IHC	<input type="checkbox"/>	ALK FISH	<input type="checkbox"/>
BRAF Mutations	<input type="checkbox"/>	ROS IHC	<input type="checkbox"/>	ROS FISH	<input type="checkbox"/>
KRAS Mutations	<input type="checkbox"/>	PD-L1 22C3 IHC For Pembrolizumab	<input type="checkbox"/>	HER-2 Amplification	<input type="checkbox"/>
HER-2 Mutations	<input type="checkbox"/>	NTRK Fusions	<input type="checkbox"/>	MET FISH On-treatment progression only	<input type="checkbox"/>
MET Exon 14 Mutations	<input type="checkbox"/>	RET Fusions	<input type="checkbox"/>		
Additional testing:					

PATIENT DETAILS					
Surname:			Forename:		
DOB:	Sex:	NHS No:			
Hospital No:		ROUTINE:		URGENT:	
REFERRING CLINICIAN & REPORT DESTINATION					
Name:			Hospital:		
Email:			Tel:		
Please tick to indicate invoicing preference:			Pathologist	Physician	
SAMPLE / CLINICAL DETAILS					
Pathology Lab:				Date sent:	
Specimen Reference:			Specimen:		
Known Decalcification Processes:					
SUBMISSION REQUIREMENTS			CONTACT DETAILS		
<ul style="list-style-type: none"> <li>Please do not send clipped corner slides.</li> <li>If submitting cases for confirmatory ALK/ROS/HER2 FISH, please provide your IHC slide for reference.</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>Residual material will be returned to you as soon as possible.</li> </ul>			The Molecular Pathology Diagnostic Service Clinical Laboratory Services, Level -1 Queen Elizabeth Hospital – Birmingham, B15 2WB T : 0121 3713325 E : <a href="mailto:mpds.enquiries@nhs.net">mpds.enquiries@nhs.net</a>		

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				