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University Hospitals Birmingham
NHS Foundation Trust

MUTATION TESTING VIA CIRCULATING TUMOUR DNA

MOLECULAR TESTING REQUEST FORM

PATIENT DETAILS					
SURNAME:			FORENAME:		
DOB:	SEX:		NHS No:		
HOSPITAL No:			ROUTINE:	URGENT:	

REQUEST REASON	DATE/TIME OF BLOOD DRAW:
CLINICAL HISTORY / KNOWN GENOMIC VARIANTS	
PLEASE ENSURE ALL BLOOD TUBES ARE LABELLED WITH PATIENT ID'S Please see specimen requirements for transport details. Testing tubes can be requested by emailing mpds.enquiries@nhs.net	

REFERRING CLINICIAN & REPORT DESTINATION			
NAME:		HOSPITAL:	
EMAIL:		TEL:	
PLEASE TICK TO INDICATE INVOICING PREFERENCE:		PATHOLOGIST	PHYSICIAN

SPECIMEN REQUIREMENTS	MOLECULAR CONTACT DETAILS
8-10ml blood in PAXgene ccfDNA - Gently invert tube 8-10 times immediately following draw. - Blood tube must be stored at room temperature. - Blood tube must reach the laboratory within 2-3 days post blood draw.	Molecular Pathology Diagnostic Service Clinical Laboratory Services, Level -1 Queen Elizabeth Hospital Birmingham, B15 2WB T : 0121 3713325 E : mpds.enquiries@nhs.net

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				