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## OVARIAN CANCER MOLECULAR TESTING REQUEST FORM

<b>PD-L1 22C3 IHC</b> <small>For Pembrolizumab</small>	<input type="checkbox"/>	<b>HER-2 IHC</b>	<input type="checkbox"/>	<b>NTRK Fusions</b>	<input type="checkbox"/>	<b>Mismatch Repair IHC</b>	<input type="checkbox"/>
<b>Homologous Recombination Deficiency (HRD)</b>		<input type="checkbox"/>	<b>FOLR-1 IHC</b>		<input type="checkbox"/>		
<b>Additional testing:</b>							

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:			
CLINICAL INDICATION CODE: <small>Please refer to the National Genomics Test Directory</small>				M			
<b>MANDATORY</b>	<b>IF SUBMITTING UNSTAINED SECTIONS ►</b>			DATE CUT:			

INFO & SPECIMEN REQUIREMENTS	MOLECULAR CONTACT DETAILS
<ul style="list-style-type: none"> <li>Details of block requirement / section preparation can be found on our website: <a href="http://qehbpathology.uk">qehbpathology.uk</a></li> <li>PD-L1 22C3 evaluated using CPS</li> <li>Please supply copy of original Histopathology report</li> <li>Residual material will be returned to you as soon as possible</li> </ul>	<p><b>Please send material to:</b> 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></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						