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Skin Tumour Unit
St John's Institute of Dermatology
 9th floor, Tower, Wing, Guy's Hospital, London, SE1 9RT
 Maddy Dass madhurima.dass1@nhs.net
 Christine Jones c.jones83@nhs.net
 Samira Samuel samira.samuel@nhs.net
Synnovis.STU@nhs.net
 Tel: 020 7188 8081 Bleep: 020 7188 7188 request bleep '1997'

Request for T- and B-cell Receptor Gene Analysis

PATIENT INFORMATION	
Patient Name:	NHS N°:
Hospital N°:	Date of Birth:
SAMPLE INFORMATION	
Diagnosis:	Type of Sample:
Date/Time of Collection:	Biopsy Site:
Internal Histology N° (if applicable):	External Histology N° (if applicable):
Histology report attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there any tissue left on block after sectioning: Yes <input type="checkbox"/> Very little <input type="checkbox"/> No <input type="checkbox"/>	
Test(s) required:	
T-cell (TCR) <input type="checkbox"/>	B-cell (IgH) <input type="checkbox"/> T- & B-cell <input type="checkbox"/>
How to send samples:	
Please label all samples with 3 patient identifiers and send them to the address shown above with a completed request form in a padded envelope. All fresh samples should arrive within 24 hours after collection.	
Blood: 2 EDTA (purple) tubes (10-15 ml).	
Skin Biopsy: An ellipse rather than punch biopsy, preferably no less than 5mm in diameter, should be sent DRY in a labelled pot. Please do not wrap the tissue in gauze or immerse it in any solution.	
Surgical Biopsy: Send the sample in a dry pot.	
FFPE Tissue: Please DO NOT send paraffin blocks, cut curls 10-15 µm thick. Curls should be sent dry in a sealed 1.5 ml tube .	
Small biopsies (≤ 5 mm ²) 15-20 sections <input type="checkbox"/> Large biopsies (>5 mm ²) 10-15 sections <input type="checkbox"/>	
SENDER'S INFORMATION	
Referring Clinician:	Address:
NHS.net Email Address for Report:	
Telephone:	Invoice Address (if different from above):
Comments:	
For all enquiries, please contact any senior staff member (contact details shown above).	

Date Requested:

Date Received: