

Author

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## **CANCER GENETICS FISH REFERRAL FORM**

LF-G-414 Version 2.0

06/03/2024

Issue date

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Patient Details		Re	erring Hospit	<u>al</u>	
urname: Forename:		Dep	Department:		
DOB:	Sex: M / F		Hospital:		
Hospital Number: Laboratory Accession no.:		Cor	Consultant:		
NHS Number:			E-mail for report:		
Routine Urgent If urgent, please state why and give date if applicable					
% of nucleated cells that are malignant:  Sample collection date:					
Diagnosis/Reason for Referral:					
Sample type	<u>FISH</u>			FISH for solid tumours	
☐ BM (FFPE)	□ DLBCL panel (	(5xUSS)		Please refer to SEGLH request form to request solid tumour FISH  https://southeastgenomics.nhs.uk/wp-content/uploads/2024/01/SE-	
☐ LN (FFPE)	☐ IGH-BCL2 (2xl	JSS)			
☐ FNA/EBUS/fluid (FFF	PE) IGH-CCND1 (2:	xUSS)			
☐ Needle core biopsy	☐ IRF4, DUSP22	(2xUSS)			
Resection	☐ HG-lymphoma	: 11q gain/lo	n/loss (2xUSS) GLH-solid-tumour-request- form-v2.5.pdf		
☐ ThinPrep	☐ MALT panel (4	xUSS)			
Other (please specify	$\Box$ UroVysion (Th	inprep)			
Accompanying IHC/H&E slid	☐ HER2 (3xUSS)				
stained for:	☐ Other (please specify)				
Address for samples					
Genetics Laboratories, 5th Floor Tower Wing, Guy's Hospital, Great Maze Pond, London SE1 9RT					
Telephone: 020 7188 1709  In submitting this sample the clinician confirms that consent has been obtained for testing and possible storage					
Sample requirements: Samples for FISH analysis					
<ul> <li>FFPE tissue sections for FISH – 3-4µm sections on unstained coated/charged slides with appropriate</li> </ul>					
IHC*/H&E section for correlation  *For HER2 FISH this must be Her2 IHC					
Samples for UroVysion FISH assay – unstained ThinPrep slides					
Calledon Both storm					
Cellular Pathology	Date requested	Date cut		ite dispatched	
Cancer Genetics	Date received	Time received			
Filename	LF-G-CGCellPathRef		Version	2.0	