

Molecular test request form

Case number

TEST REQUIRED (please tick as appropriate)

☐ Next Generation Sequencing (clinically relevant tumour panel)*

☐ Microsatellite instability

☐ Mis-match repair protein immunohistochemistry

Clonality testing:-

☐ IGH gene rearrangement

☐ TCR gene rearrangement

FISH gene rearrangement analysis:-

☐ MYC

☐ BCL2

☐ BCL6

☐ MALT

☐ CCND1

☐ ALK

***NGS** – a total of 24 genes sequenced, including KRAS, NRAS, BRAF and EGFR

REQUESTER DETAILS

Reporting Pathologist

Hospital Name

Address for return of block

Telephone Number

Requesting Clinician

NHS e-mail (for test result)

HISTOLOGY AND PATIENT IDENTIFIERS

Patient Surname

Patient First Name

Date of Resection/Biopsy

Date of Birth

Histology Number

Gender

M / F

Hospital No.

NHS No.

Clinical details

SAMPLE DETAILS:

Please enclose:

- Histology report (**essential**)
- Representative block (this will be returned within 2 weeks of receipt) or six 10 microns unstained sections on uncoated slides for DNA extraction
- Two unstained sections (2 micron thickness) per FISH request on coated slides
- 4 micron unstained section for H&E staining
- **Important:** specimen decalcified in acid solution are not recommended or validated for molecular testing and may generate invalid results. Please only provide specimen decalcified in EDTA solution.

SEND BLOCK OR SLIDES WITH THIS FORM AND COPY OF THE HISTOLOGY REPORT TO:

Address: Department of Histopathology, Advanced Diagnostics Laboratory
King's College Hospital, Denmark Hill, London, SE5 9RS

Telephone: 020 3299 34620

E-mail: kch-tr.advanced-diagnostics@nhs.net

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REFERRING PATH DEPT	Date/time sample sent		Signature:
RECEIVING LAB AT KCH	Date/time sample received		Signature:
DATE/TIME RESULT SENT		SIGNATURE	