**Molecular Pathology Request Form**

Molecular Pathology, Department of Laboratory Medicine,

Royal Infirmary of Edinburgh, 51 Little France Crescent, Edinburgh, EH16 4SA

Tel. 0131 242 7141 molecular[.pathology@nhslothian.scot.nhs.uk](mailto:pathology@nhslothian.scot.nhs.uk) www.edinburghlabmed.co.uk

**REQUESTOR DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Sending Department: |  | | |
| Requesting Clinician: |  | | |
| Report to be issued to (clinician/location): |  | | |
| Contact Telephone: |  | Email: |  |

**PATIENT DETAILS:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname: |  | | Forename: |  | | |
| CHI (or Date of Birth): |  | | | Sex: | | M  F |
| Address  *(if CHI not available)*: |  | | | | | |
| Specimen Ref. No.: |  | Specimen type: | | |  | |
| Sample collection date: |  | Priority: | | | Normal  Urgent | |
| Family history (if known): |  | | | | | |
| Pedigree/reference number: |  | | | | | |

**TESTING REQUESTED**:

|  |  |
| --- | --- |
| Lynch syndrome investigation (MMR IHC/MSI/MLH1/*BRAF/POLE* mutations, as appropriate) |  |

Please provide any additional clinical information or contact laboratory for further information:

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**Please forward the H&E slides, +/- blocks and a copy of the pathology report to Molecular Pathology at the above address. Please note that requests for tissue blocks and H&Es should be directed to the Pathology Department –** [loth.pathologyofficerie@nhslothian.scot.nhs.uk](mailto:loth.pathologyofficerie@nhslothian.scot.nhs.uk) / 0131 242 7147.

|  |  |  |  |
| --- | --- | --- | --- |
| **FOR LABORATORY USE ONLY** | | | |
| No. Slides received: |  | No. Blocks received: |  |
| Block numbering: |  | | |
| Slides used for DNA extraction: |  | Date returned: |  |