

# Molecular Pathology Request Form

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[www.edinburghlabmed.co.uk](http://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 <input type="checkbox"/> F <input type="checkbox"/>
Address (if known):			
Specimen Ref. No.:		Diagnosis:	
Sample collection date:		Priority:	Normal <input type="checkbox"/> Urgent <input type="checkbox"/>
Previous molecular test results (if known):			

## TESTING REQUESTED:

**\*Please complete testing required in full; failure to do so may lead to delays in processing\***

<input type="checkbox"/>	<b>Lung Cancer</b> (EGFR/BRAF/KRAS mutations/ALK rearrangement/ROS1 rearrangement/PDL1)
<input type="checkbox"/>	<b>Colorectal Cancer</b> (KRAS/NRAS/BRAF mutations & MSI analysis)
<input type="checkbox"/>	<b>Melanoma</b> (BRAF/KIT/NRAS <input type="checkbox"/> / GNAQ and GNA11 <input type="checkbox"/> )
<input type="checkbox"/>	<b>Mismatch repair defect screening</b> (MMR IHC/MSI/MLH1 methylation/BRAF mutation)
<input type="checkbox"/>	<b>CNS tumour</b> (MGMT methylation <input type="checkbox"/> / IDH1 IDH2 <input type="checkbox"/> / BRAF <input type="checkbox"/> / TERT <input type="checkbox"/> / TP53 <input type="checkbox"/> / EGFR amp <input type="checkbox"/> )
<input type="checkbox"/>	<b>Gastric Cancer</b> (HER2 amplification <input type="checkbox"/> / PDL1 <input type="checkbox"/> )
<input type="checkbox"/>	<b>Gastrointestinal stromal tumour</b> (BRAF/KIT/PDGFR mutation)
<input type="checkbox"/>	<b>Cholangiocarcinoma</b> (FGFR2 FISH)
<input type="checkbox"/>	<b>Thyroid tumour</b> (BRAF <input type="checkbox"/> / HRAS, KRAS, NRAS, RET & TP53 <input type="checkbox"/> / TERT <input type="checkbox"/> / RET Fusion <input type="checkbox"/> )
<input type="checkbox"/>	<b>Endometrial tumour</b> (MMR IHC <input type="checkbox"/> / MLH1 methylation <input type="checkbox"/> / POLE <input type="checkbox"/> / TP53 <input type="checkbox"/> )
<input type="checkbox"/>	<b>Ovarian</b> (TP53 <input type="checkbox"/> / FOXL2 <input type="checkbox"/> )
<input type="checkbox"/>	<b>Renal Cell Carcinoma</b> (TFE3 <input type="checkbox"/> / VHL <input type="checkbox"/> / ALK <input type="checkbox"/> FISH)
<input type="checkbox"/>	<b>Sarcoma</b> (FISH <input type="checkbox"/> please specify..... / NGS <input type="checkbox"/> please specify.....)
<input type="checkbox"/>	<b>DPYD genotyping</b>
<input type="checkbox"/>	<b>Other:</b> please detail testing required or any additional information related to your request:

**\*Please send H&E slides, blocks and a copy of the pathology report to Molecular Pathology at the above address\***

FOR LABORATORY USE ONLY	
No. Slides received:	No. Blocks received:
Internal block numbering:	
Slides used for DNA extraction:	Date returned: