Molecular Pathology Request Form

NHS Lothian

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

PATIENT DETAILS: Surname: Forename: F 🗌 CHI (or Date of Birth): Sex: мП Address (if known): Specimen Ref. No.: **Diagnosis:** Sample collection date: Priority: Normal [Urgent [Previous molecular test results (if known):

TESTING REQUESTED:

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

Lung Cancer (EGFR/BRAF/KRAS mutations / ALK/ROS1/RET rearrangements / PDL1)		
Colorectal Cancer (KRAS/NRAS/BRAF mutations & MSI analysis)		
Melanoma (BRAF/KIT/NRAS / GNAQ and GNA11)		
Mismatch repair defect screening (MMR IHC/MSI/MLH1 methylation/BRAF mutation)		
CNS tumour (MGMT methylation //IDH1 IDH2 // BRAF // TERT //TP53 //EGFR amp)		
Gastric Cancer (HER2 amplification / PDL1)		
Gastrointestinal stromal tumour (BRAF/KIT/PDGFRA mutation)		
Cholangiocarcinoma & other BTCs (FGFR2 FISH / IDH1)		
Thyroid tumour (BRAF] / HRAS, KRAS, NRAS, RET] / TERT / RET Fusion]		
Endometrial tumour (MMR IHC / MLH1 methylation / POLE / TP53)		
Ovarian (<i>TP53</i> / <i>FOXL2</i>)		
Renal Cell Carcinoma (TFE3 FISH) / VHL NGS / ALK FISH / VHL FISH)		
Sarcoma (FISH please specify/ NGS please specify)		
DPYD genotyping		
Other: 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:	