

DEPARTMENT OF CELLULAR PATHOLOGY AND HAEMATOLOGY

MOLECULAR DIAGNOSTICS REQUEST FORM FOR CLINICIANS:
EGFR/ RAS/ BRAF/KIT/PDGFR/
50 Cancer Gene Panel, other tests by prior
arrangement

Patient Details (to be completed by referring clinician)		
Surname:	Forename:	Sex: F/M
NHS Number:	Date of Birth:	OUH Hospital Number (if known):
NHS/ Private Patient/ Research <i>(please delete as applicable)</i>	Referring Hospital:	
Date of biopsy:	Address for Invoice:	
Referral hospital pathology case number & block number/ letter:	Date of request:	

Tumour Details		
Sample type: unstained sections on coated slides/ cytological specimen/ other <i>(please delete as applicable)</i>		
Tumour histology:	Site of tumour in this biopsy:	
Primary/Metastasis/Not known <i>(please delete as applicable)</i>	Primary site of tumour (e.g., lung, colon):	
Area of tumour inside ring: cm ²	Estimated Percentage Tumour in sample:	%

Test Details		
Test <i>(please delete as applicable)</i> : EGFR/RAS/ BRAF/KIT/PDGFR/50 gene cancer panel/other <i>(please specify)</i> :		
Does patient fulfill NICE guidelines for:-		
Gefitinib/ erlotinib (175/192/162- lung cancer):	Yes/ No/ Unknown	<i>(please delete as appropriate)</i>
Cetuximab (TA176 - colorectal cancer):	Yes/ No/ Unknown	<i>(please delete as appropriate)</i>
Vemurafenib/ ipilimumab (melanoma):	Yes/ No/ Unknown	<i>(please delete as appropriate)</i>
Imatinib for c-kit positive GIST:	Yes/ No/ Unknown	<i>(please delete as appropriate)</i>

*** Labelling Standards:**

Please label samples/slides with 2 identifiers such as: **NAME, DATE OF BIRTH, NHS NUMBER, BLOCK NUMBER**. A minimum of 2 identifiers must be provided or the sample cannot be accepted for testing.

Laboratory Procedure: Ten serial 5 micron sections are required (or five if marked tumour area $>2\text{cm}^2$ or 15 for very small samples), mounted on microscope slides. Multiple sections can be placed on a single slide. Please clean microtome blade and water-bath thoroughly before cutting sections, to avoid cross-contamination and false positive results. Please also include an H&E stained section from the same block with the tumour boundary marked. Tissue in this ring must be $>70\%$ tumour. Alternatively a punch biopsy from the tissue block encompassing the area with the highest density of malignant cells can be sent (along with an estimation of tumour percentage in that region). For cytological material, please cut cell blocks as for tissue blocks or send maximum available material (smears, touch preps etc) on slides.

Referring Clinician and/or Pathologist:.....

Referring Clinician/Pathologist Telephone/Bleep/Pager.....

E-mail address(es) for report.....

Send slides to: Requests, Molecular Diagnostics Centre, Molecular Haematology, Level 4, John Radcliffe Hospital, Oxford OX3 9DU. Tel: 01865 572769.

E-mail: oxford.molecularhaem@nhs.net

Send blocks to: Molecular Diagnostic Requests, Department of Cellular Pathology, Level 1, John Radcliffe Hospital, Headington, Oxford OX3 9DU. Tel 01865 220499/ 572771

E-mail: molpath@nhs.net

<http://www.oxford-translational-molecular-diagnostics.org.uk/>

Address: Molecular Haematology, Level 4, John Radcliffe Hospital, Headington, Oxford, OX3 9DU

Sample reception: 01865 572769 Sec: 01865 572826 Fax: 01865 572775

Email : oxford.molecularhaem@nhs.net

Web site: <http://www.oxford-translational-molecular-diagnostics.org.uk/>

