

***Lab use:***

*Barcode*

Date:

Specimen(s) received:

Cellular Pathology UKAS reference: 8178

WGLS Southampton UKAS reference: 9194

**Solid Tumour Test Request Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referrer Information** | | | | | | **Patient Information** | | | | | | | |
| Referring consultant | | | |  | | Surname | | |  | | | | |
| Hospital | | | |  | | First Name | | |  | | | | |
| Department | | | |  | | Date of Birth | | |  | | | | |
| Telephone number / bleep | | | |  | | Gender | | |  | | | | |
| Departmental Email (secure) | | | |  | | Hospital number | | |  | | | | |
| NHS number | | |  | | | | |
| Source | | | NHS Private | | | Address | | | Postcode: | | | | |
|  | | | | | | | | | | | | | |
| **Diagnosis**  **Additional information** | | | |  | | | | | | ***Histology / immunophenotyping report MUST be included*** | | | |
| **Priority** | | | | Urgent Cancer pathway Routine | | | | ***Please notify the laboratory if clinically urgent*** | | | | | |
|  | | | | | | | | | | | | | |
| **Sample details *All fields must be completed*** | | | | | | | | | | | | | |
| Lab reference number | | | |  | | Specimen type | | | | Fixed in 10% neutral buffered Formalin? | | | |
| Block ID | | | |  | |
| Specimen collection date | | | |  | | Biopsy  Resection/excision  Cell block  Other | | | | Yes No  If no, please state fixative  ………………………………………. | | | |
| Tissue type | | | |  | |
| % neoplastic nuclei (Nearest 10%) | | | |  | |
| % necrosis (Nearest 10%, by surface area) | | | |  | |
| Pathology report date | | | |  | | Genomics request date | | | |  | | | |
|  | | | | | | | | | | | | | |
| **Cellular Pathology test request(s) - *Queries to cellpath@uhs.nhs.uk and/or 02381206443*  ✓** | | | | | | | | | | | | | |
| *2 x unstained slides per marker (4μm thick and mounted on positively-charged glass slides) + accompanying H&E stained section.*  *Recently cut slides are preferable as antigenicity of cut tissue sections may diminish over time.*  *\* Please send 6 x unstained slides for MMR IHC* | | | | | | | ALK D5F3 immunohistochemistry | | | | | |  |
| PD-L1 22C3 immunohistochemistry | | | | | |  |
| PD-L1 28-8 immunohistochemistry | | | | | |  |
| PD-L1 SP142 immunohistochemistry | | | | | |  |
| MMR immunohistochemistry (MLH1, PMS2, MSH2, MSH6)\* | | | | | |  |
| ROS1 SP384 immunohistochemistry | | | | | |  |
| **Wessex Genomics Laboratory Service (Southampton) -  *Queries to*** [***wgls\_cancergenomics@uhs.nhs.uk***](mailto:wgls_cancergenomics@uhs.nhs.uk) ***and/or 02381206638* ✓** | | | | | | | | | | | | | |
| *Tissue scrolls (3 x 20μm).*  *Scrolls should be prepared on a clean microtome, ideally using a fresh blade per case, to avoid the risk of cross-contamination.*  *If low tumour content, send 6 x unstained slides (8μm thick) + accompanying H&E stained section. Please identify tumour area on H&E slide for microdissection.*  *The % neoplastic nuclei* ***must*** *be completed above.* | | | | | | | Solid organ tumour - DNA NGS hotspot panel  *BRAF*/*MET* amplification & exon 14 skipping/*EGFR/KRAS/NRAS/PIK3CA/ IDH1/IDH2*/*ERBB2* amplification & exon 20 insertions  Cancer type (eg. colorectal):……………………………………………  NGTD code\*\* (eg. M1.1): ……………………………………………….  \*\* https://www.england.nhs.uk/publication/national-genomic-test-directories/ | | | | | |  |
| *6 x unstained slides per test (8μm thick) + accompanying H&E stained section.*  *Please identify tumour area on H&E slide for macrodissection.* | | | | | | | MSI (Microsatellite instability) | | | | | |  |
| *MLH1* promoter methylation | | | | | |  |
| *MGMT* promoter methylation - Tumour (T) or paired blood (B)? | | | | | | T/B |
|  | | | | | | | | | | | | | |
| **Requester** | | | | | | | | | | | | | |
| Name |  | | | | Signature | |  | | | | | Date | |
| Email / phone |  | | | | / / | |
|  | | | | | | | | | | | | | |
| **Sample transport -*****The referring laboratory is responsible for the safe transfer of tissue and it is thus recommended that Royal Mail Recorded Delivery or an equivalent tracked postal service is used*** | | | | | | | | | | | | | |
| *Transport tracking ID* | |  | | | | | Date sent to GLH/CPGC | | | |  | | |
| Department of Cellular Pathology  Southampton General Hospital  University Hospital Southampton NHS Foundation Trust,  Tremona Road, Southampton,  Hampshire, SO16 6YD | | | | | | | Wesssex Genomics Laboratory Service (Southampton site)  Duthie Link Building, Mailpoint 225,  University Hospital Southampton NHS Foundation Trust,  Tremona Road, Southampton,  Hampshire, SO16 6YD | | | | | | |