University Hospital Southampton
NHS Foundation Trust

Cellular Pathology UKAS reference: 8178
WGLS Southampton UKAS reference: 9194

Lab use:

Barcode

Date:
Specimen(s) received:

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 • How does the patient meet the National Genomic Test Directory eligibility[a]? • Clinical utility[b]:	Patient management ☐	
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 and/or 02381206638*** ***Histology / immunophenotyping report MUST be included***		✓
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	
Histology samples to:		**WGLS (Southampton) samples to:**	
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	
UKAS Ref: 8178 ☎ 023 8120 4879 💻 cellpath@uhs.nhs.uk 🖱 www.uhs.nhs.uk/health-professionals/pathology-services/handbook/cellularpathology		UKAS ref: 9194 ☎ 02381 206638 💻 wgls_cancergenomics@uhs.nhs.uk or 💻 wgs_cancerwgls@uhs.nhs.uk (WGS) 🖱 www.uhs.nhs.uk/health-professionals/pathology-services/handbook/wessex-genomics-laboratory-service	

Sample requirements
Details on both the referral card and the sample tube should be complete and legible. A minimum of 3 ID points are required. We reserve the right to refuse to process samples with incomplete, illegible or ambiguous patient information. Any samples in the wrong tube or medium, or which are subject to significant delay in transit, are liable to be rejected.
a. FOR ALL GENOMIC TESTING, PLEASE ALSO PROVIDE SPECIFIC INFORMATION DETAILING HOW THE PATIENT MEETS THE NATIONAL GENOMIC TEST DIRECTORY (NGTD) ELIGIBILITY CRITERIA FOR THE TEST BEING REQUESTED (see http://www.england.nhs.uk/publication/national-genomic-test-directories for further information) b. FOR ALL GENOMIC TESTING, PLEASE INDICATE HOW TESTING WILL IMPACT PATIENT CARE. PATIENT MANAGEMENT INCLUDES DETERMINING THERAPEUTIC DECISIONS AND/OR CLINICAL INVESTIGATION AND/OR SURVEILLANCE PROGRAMMES.