

Director of Laboratories: Dr A. Wallace

## REQUEST FOR TUMOUR RNA TESTING

**PLEASE COMPLETE SECTION 1-3 AND EITHER FORWARD TO THE PATHOLOGY LABORATORY HOLDING THE SAMPLE, OR IF YOU REQUIRE THE GENOMIC DIAGNOSTICS LABORATORY TO OBTAIN THE SPECIMEN PLEASE FORWARD TO [mft.Pharmaco.GeneticsRequests@nhs.net](mailto:mft.Pharmaco.GeneticsRequests@nhs.net). SECTIONS 4-5 TO BE COMPLETED BY THE PATHOLOGY LABORATORY.**

<p><b>1. PATIENT DETAILS</b> <i>(affix a printed label if available)</i></p> <p>Forename(s): _____</p> <p>Surname: _____</p> <p>DoB: _____ Sex: M/F</p> <p>NHS No: _____ Hosp No: _____</p> <p>Address: _____</p> <p>Postcode: _____</p>	<p><b>2. REFERRER DETAILS</b></p> <p>Consultant: _____</p> <p>Date of request: _____</p> <p>Address for reporting/invoicing: _____</p> <p>Tel: _____</p> <p><sup>1</sup>Email 1: _____</p> <p>Email 2: _____</p> <p><sup>1</sup>Reports will be sent <input type="checkbox"/> multiple emails if required</p> <p>Report by: Email <i>(account registration for secure email required - contact laboratory for further information)</i></p>
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3. TEST REQUEST		
Test/Gene	Required	For GDL use only
<b>Fusion Panel – Genes targeted:</b> ALK, BAG4, CCDC6, CD74, CUX1, EML4, ETV6, EZR, FGFR1, FGFR3, GOPC, HIP1, KIF5B, KLC1, LMNA, LRIG3, MPRIP, NRG1, NTRK1, NTRK2, NTRK3, RET, ROS1, SDC4, SLC34A2, STRN, TACC3, TFG, TPM3, TPR, TRIM33		RNA extraction

<p><b>4. PATHOLOGY AND CLINICAL DETAILS</b></p> <p><b>Tumour type/organ of origin</b></p> <p>_____</p> <p><b>PLEASE INCLUDE A COPY OF THE PATHOLOGY REPORT</b></p> <p>Pathologist: _____</p> <p>Hospital/Trust: _____</p> <p>Pathology block/sample no: _____</p>	<p><b>5. PATHOLOGY</b></p> <p>Date sections sent to Genetics lab: _____</p> <p><b>Please circle the approximate % nuclei that are neoplastic in the sample sent for analysis</b> <i>(this information is important and is used to ensure the test carried out is appropriately sensitive)</i></p> <p style="text-align: center;"> <input type="checkbox"/> &lt;10%*              <input type="checkbox"/> 10-20%*              <input type="checkbox"/> 20-30%*              <input type="checkbox"/> &gt;30%       </p> <p><i>*If sample is suitable for macrodissection, please include a H&amp;E stained section with area(s) of tumour clearly circled and an estimate of % nuclei that are neoplastic within marked area _____%</i></p>
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### **INFORMATION FOR PATHOLOGY LAB (ALL SAMPLES)**

- We require a minimum of 4x5uM unstained rolls from a pathology block, preferably not slide mounted.
- We accept pathology blocks, but unstained sections are preferred (if pathology blocks are sent, TAT may increase by up to 14 calendar days for sample processing).
- If insufficient tissue available please contact the laboratory for advice.
- **If % nuclei that are neoplastic is <30% and the sample is suitable for macrodissection please send 4x5uM slide mounted sections and an H&E stained slide with the area of tumour ringed. Please provide us with an estimate of % nuclei that are neoplastic within the marked area.**
- Sections should be cut under conditions that prevent cross contamination from other specimens.
- Slides carrying sections should be sent in a clean slide carrier. **Slides must be clearly marked with a patient or sample identifier** that matches details on this form or accompanying Pathology report. In addition please clearly label the container with **at least 2 patient identifiers.**
- Samples should be despatched as soon as possible as the patient's treatment is dependent on the results of Genomic analysis.
- Please send samples to the address at the letterhead above.