

|                        |              |   |      |                            |  |
|------------------------|--------------|---|------|----------------------------|--|
| <b>Patient Details</b> |              | Payment Status: <input type="checkbox"/> NHS <input type="checkbox"/> Private |      | <b>Referring Clinician</b> |  |
| Surname:               |              | Consultant (in full):   |      |                            |  |
| Forename:              |              | Hospital (in full):   |      |                            |  |
| DoB:                   | NHS No:      | Department:   | Tel: |                            |  |
| Sex:                   | Hospital No: | Email:  |      |                            |  |
| Address:               |              | Copy report to (if applicable):   |      |                            |  |
| Postcode:              |              |   |      |                            |  |

| <b>3. TEST REQUEST (please select options by placing a tick or cross next to each test required)</b><br><i>See overleaf for minimum sample requirements and additional information on sample preparation.</i>   | Required | For GDL use ONLY     |
|---|----------|----------------------|
| 1. Please note that all genes are tested and reported and this test may identify pathogenic germline variants. 2. NGS panel testing also available for research or clinical trial support.  |          |                      |
| 1p19q FISH  |          | FISH                 |
| EGFR amplification  |          |                      |
| MGMT promoter hypermethylation  |          | Bisulphite treatment |
| KIAA1549:BRAF fusion  |          |                      |
| C11orf95:RELA fusion  |          | RNA extraction       |
| EGFRvIII transcript   |          |                      |
| BRAF codon 600 mutation testing   |          |                      |
| Meningioma/schwannoma panel <sup>1</sup> (NF2, SMARCB1, SMARCE1, SMARCA4, LZTR1)  |          |                      |
| NGS CNS tumour sub-panel <sup>1,2</sup> – please circle any genes where analysis is a priority (AKT1; ALK; AR; ATRX; BRAF; CDKN2A; CTNNB1; DDR2; EGFR; ERBB2; FGFR3; GNA11; GNAQ; H3F3A; H3F3B; HIST1H3B; HIST1H3C; IDH1; IDH2; KIT; KRAS; MAP2K1; MET; NRAS; PDGFRA; PIK3CA; PTEN; RET; STK11; TERT (including promoter); TP53; VHL) |          | DNA extraction       |
| Methylation arrays (please send an additional 4 x 5uM unmounted sections)   |          |                      |

**4. PATHOLOGY AND CLINICAL DETAILS**

Tumour Type/origin of organ:

Pathologist:

Hospital/Trust:

Pathology Block/Sample No:

Date sections sent to Genetics lab:

**Please indicate the approximate % nuclei that are neoplastic in the sample sent for analysis:**  
*(this information is important and is used to ensure the test carried out is appropriately sensitive)*

<10%\*      10-20%\*      20-30%\*      >30%

*\*If sample is suitable for macrodissection, please send slide mounted sections and include an H&E stained section with area(s) of tumour clearly circled and an estimate of % nuclei that are neoplastic within marked area \_\_\_\_\_%*

**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). SECTION 4 IS INTENDED TO BE COMPLETED BY THE PATHOLOGY LABORATORY.**

## INFORMATION FOR PATHOLOGY LAB (ALL SAMPLES)

### • Minimum sample requirements for each individual test:

- FISH test: 4 x 3uM unstained slide mounted sections (**see below for information on sample preparation**)
- MGMT Hypermethylation test: 2 x 5uM unstained sections
- Fusion test or EGFRvIII transcript: 4 x 5uM unstained slide unmounted rolls
- BRAF codon 600 or NGS panel: 5 x 5uM unstained sections
- Formalin fixed paraffin embedded (FFPE) material should be reviewed by a histo/cyto-pathologist to identify areas containing neoplastic cells and determine suitability for testing.
- Sections should be cut under conditions that prevent cross contamination from other specimens.
- Scrolls should be sent in a sterile tube labelled with at least 2 patient identifiers, one of which should be the pathology sample number. Containers and slides should also be labelled with at least 2 patient identifiers one of which should be the pathology sample number.
- For each additional test indicated to need additional material please send an additional tube of scrolls.
- Please avoid baking slides or heating samples
- Please send appropriate corresponding paperwork with the samples
- Please contact the laboratory for additional guidance or if you are unsure whether a sample is suitable

### FISH TEST

- Prepare 4 unstained sections (3uM thick) floated on the surface of a purified water bath set at 40°C (+/-2°C).
- Mount on positively charged slides and allow to air-dry
- Also include 1 H&E slide with regions enriched for nuclei that are neoplastic marked by a Pathologist along with an estimate % nuclei that are neoplastic within the marked area(s)

