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http://www.liverpoolwomens.nhs.uk/Health_Professionals/Genetic_Laboratory_Services.aspx

North West Genomic Laboratory Hub (Liverpool)
 Manchester Centre for Genomic Medicine
 Liverpool Women's Hospital, Crown Street, Liverpool, L8 7SS

REQUEST FOR *BRAF* p.V600E and *MLH1* HYPERMETHYLATION ANALYSIS

PATIENT DETAILS

(affix a printed label if available)

Forename:
 Surname:
 Date of birth: Birth Gender: M / F
 NHS No: Hospital No:
 Address (inc. postcode)

REFERRER DETAILS

Consultant:
 Address for reporting/invoicing:
 Tel: Fax:
 E-mail:
Report by:
 E-mail (a 'nhs.net' account is required)
 Fax (a 'Safe Haven' fax no is required)

TEST REQUEST

BRAF p.V600E testing
MLH1 Hypermethylation Analysis

CLINICAL INFORMATION (inc. cancer type)

FOR HISTOPATHOLOGY LAB USE

Pathologist:
 Hospital:
 Pathology sample no. & block no. (tumour):
 Date of specimen:

Please circle the approximate neoplastic cell content of the sample sent for analysis:

>50% 20-50% <20% (see below)

If less than 20% neoplastic cell content: Is the sample suitable for macrodissection?

Yes* / No

*Please include a H&E stained section with the area(s) of neoplastic cells clearly circled to assist with macrodissection. Please provide an estimate of the neoplastic cell content within the marked area: _____ %

Normal tissue sent? Yes / No

Pathology sample no. & block no. (normal):

INFORMATION FOR HISTOPATHOLOGY LAB

- Samples for testing should undergo pathology review to ensure that the material is suitable for testing.
- We require a minimum of 5 x 10uM **distinct** sections, please place these into containers with **1-2 sections per tube** e.g. Eppendorf tubes **FOR MLH1 ONLY**
- Please send sections cut from tumour and normal tissue. These should be kept separate and cut under conditions that prevent cross contamination.
- Alternatively, we require one tissue block with >20% neoplastic cell content and one tissue block containing normal tissue **FOR BRAF AND MLH1 TESTING**.
- If the neoplastic cell content is <20% and the sample is suitable for macrodissection please send a H&E slide with the area containing neoplastic cells clearly ringed along with 5 x 5uM unstained mounted sections.
- Please mark all containers clearly using at least 2 patient identifiers.
- If insufficient tissue is available please contact the laboratory for advice.
- It is essential that this form is **completed fully** and returned with the sample. We are not able to accept samples without the correct documentation.

IN CASE OF QUERIES CONTACT

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Important note: The complete history of this document including its author, authoriser(s) and revision date, can be found on Q-Pulse

CONTROLLED DOCUMENT – DO NOT PHOTOCOPY

Genomic Diagnostics Laboratory (GDL)

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