Genetic Tumour Test Request Form

North West Genomic Laboratory Hub (MANCHESTER), Manchester Centre for Genomic Medicine (MCGM)

9865

Patient Details	Payment Status: ☐ NHS ☐ Private	Referring Clinician
Surname:		**Consultant** (in full):
Forename:		**Hospital** (in full):
DoB:	**NHS No:**	**Department:** **Tel:**
Sex:	**Hospital No:**	**Email:**
Address: **Postcode:**		**Copy report to** (if applicable):

3. TEST REQUEST ***(please select options by placing a tick or cross next to each test required)***

For sample requirements please see reverse or https://mft.nhs.uk/nwglh/ for further details. For full details of genes covered see national genomic cancer test directory (https://www.england.nhs.uk/publication/national-genomic-test-directories/)
Requires 2x tubes of sections; ** Requires additional material if also for another test; * please complete FFPE CRC pro-forma also*

Test/Gene	Required	Test/Gene	Required
Non small cell lung cancer* *(for plasma testing please see alternative form)* Fusion only (inc ALK, RET, ROS1)		NTRK1,2,3 fusion **	
Colorectal BRAF/RAS testing		Melanoma *(BRAF codon 600 only)* NGS Panel *(BRAF, NRAS, KIT)*	
Somatic Lynch syndrome panel***		Ovarian *(BRCA1/BRCA2)* Ovarian *(SMARCA4)*	
GIST		MLH1 hypermethylation** plus BRAF codon 600	
Microsatellite instability (MSI)		Sarcoma/Paediatric Tumour fusion panel** *Please include any specific targets indicated*	
Other test directory panel – please state tumour type *(Excluding neurological tumours – see separate referral form)*		FISH ALK/ROS1	

4. PATHOLOGY AND CLINICAL DETAILS

Tumour type/organ of origin _____

PLEASE INCLUDE A COPY OF THE PATHOLOGY REPORT

Pathologist:

Hospital/Trust:

Pathology block/sample no.

EGFR clinically urgent referral (targeted EGFR testing only)

Yes/No

Please note material received at <20% NCC or which yields insufficient material for wider panel screening will be tested using a targeted test where available

5. PATHOLOGY

Date sections sent to Genetics lab:

Please circle the approximate neoplastic cells (%) 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%**

Neoplastic cells in marked area are %

#Where overall neoplastic cell content <20% and macrodissection would enhance % of neoplastic cells, please send slide mounted sections with corresponding marked H&E stained slide.

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. SECTIONS 4-5 TO BE COMPLETED BY THE PATHOLOGY LABORATORY.

INFORMATION FOR PATHOLOGY LAB (ALL SAMPLES)

- 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 TESTS

- Prepare 4 unstained sections (4uM 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 neoplastic cells marked by a Pathologist along with an estimate of neoplastic cell content in the marked area(s)