

				<h1>DPYD Test Request Form</h1> <p>North West Genomic Laboratory Hub (Liverpool)</p> <p>(DOC6115 Revision 1)</p>		<p>Lab use only</p> <p>Lab sticker:</p>	
<b>Patient Details</b> – use sticker if available but please add any missing information					<b>Referring Clinician/Healthcare Professional</b>		
NHS No:		D.O.B.:		Consultant/GP: (in full)			
Surname:		Hospital Number:		E-mail/Tel:			
Forename:		Biological Sex:		Hospital/Surgery: (in full)			
Patient's Address:		Gender Identity:		Department:			
Postcode:		Ethnicity:		Requested by/ Cc. Report to:			
<p><b>Consent Statement:</b> Receipt of this form and sample(s) by the laboratory assumes that the clinician has obtained consent for genomic testing and for the use of the DNA/RNA sample(s) and/or test result(s) by healthcare professionals in the UK.</p>							
<p><b>DPYD testing required - please select option below by placing a tick or cross next to relevant clinical indication for DPYD testing</b></p> <p>Refer to National Genomic Test Directory (<a href="https://www.england.nhs.uk/publication/national-genomic-test-directories/">https://www.england.nhs.uk/publication/national-genomic-test-directories/</a>).</p>							
CI Code*	Clinical Indication Name				Test Code	Please tick	
M1	Colorectal Carcinoma				M1.7		
M3	Breast Cancer				M3.7		
M6	Mucoepidermoid Carcinoma				M6.5		
M14	Adrenal Cortical Carcinoma				M14.5		
M15	Head and Neck Squamous Cell Carcinoma				M15.7		
M16	Adenoid Cystic Carcinoma				M16.4		
M17	Secretory Carcinoma (Salivary Gland)				M17.4		
M219	Pancreatic Cancer				M219.3		
M220	Cholangiocarcinoma				M220.3		
M222	Hepatocellular carcinoma				M222.4		
M226	Cancer of Unknown Primary				M226.3		
M227	Solid tumour other (i.e. specific histology not listed elsewhere in the test directory)				M227.3		
M236	Oesophageal Cancer				M236.2		
M237	Gastric Cancer				M237.2		
M238	Small Bowel Cancer				M238.2		
<b>Clinical Details</b>							
<b>Sample Type:</b>							
High Infection Risk? <input type="checkbox"/> Yes <input type="checkbox"/> No				Sample Date:		Taken by:	

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## Guidance Notes – Molecular Genomic Testing Request Form – DPYD testing

### Patient Details

The following details are mandatory, other details should be completed as fully as possible:

- **Surname & Forename**
- **D.O.B** – Date of Birth
- **NHS Number** (10 digits)
- Patient's **Biological Sex**
- Patient's **Postcode**

Please ensure a minimum of 3 matching identifiers on tubes and form.

### Referring Clinician/Healthcare Professional

The following details are mandatory:

- **Consultant/GP name:** initials are not acceptable as the laboratory cannot identify the clinician/healthcare professional. A minimum of first initials and surname must be provided.
- **Hospital** should be clearly identifiable; initials are not acceptable as the laboratory cannot identify the hospital. Trusts with more than one hospital should clearly identify the referring hospital.
- **Department** should be clearly identifiable; initials are not acceptable as the laboratory cannot identify the department.

**Requested by/Cc. Report to:** Use this space if the healthcare professional requesting the test/requiring a report copy is not the patient's Consultant.

### Specimen Details

**High Infection Risk:** In accordance with the Health & Safety at Work Act and COSHH Regulations, the laboratory must be informed of any infection risk associated with submitted samples. The sender has the responsibility for minimising the risk to laboratory staff by giving sufficient information to enable the laboratory to take appropriate safety precautions when testing a specimen.

**Sample Type:** EDTA peripheral blood can be sent for all tests

**Sample Volume:** 3mls adults; 1-2ml from young children.– MIX WELL and store at 4°C. DO NOT FREEZE.

Saliva is a useful alternative to blood samples if required. Samples must be collected in an approved kit (please contact the laboratory for further information)

**Sample Packaging:** The sample container should be sealed in a biohazard bag in case of a leakage. To prevent contamination of referral form and paperwork this should not be sealed with the sample. All packaging should conform to UN650 standards (as applied to UN3373 – Biological Samples, Category B).

This area is for Lab use only