



North West  
NHS Genomic Laboratory Hub



9322

# DPYD Test Request Form

North West Genomic Laboratory Hub (Liverpool)

(DOC6115 Revision 2)

Lab use only  
Lab sticker:

**Patient Details** – use sticker if available but please add any missing information<sup>2</sup>

**Referring Clinician/Healthcare Professional**

<b>NHS No:</b>		<b>D.O.B.:</b>		<b>Consultant/GP:</b> (in full)	
<b>Surname:</b>		<b>Hospital Number:</b>		<b>E-mail/Tel:</b>	
<b>Forename:</b>		<b>NHS/ Private</b>		<b>Hospital/Surgery:</b> (in full)	
<b>Patient's Address:</b>		<b>Biological Sex:</b>		<b>Department:</b>	
<b>Postcode:</b>		<b>Gender Identity:</b>		<b>Requested by/ Cc. Report to:</b>	
		<b>Ethnicity:</b>			

**Consent Statement:** 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.

**DPYD testing required - please select option below by placing a tick or cross next to relevant clinical indication for DPYD testing**

Refer to National Genomic Test Directory (<https://www.england.nhs.uk/publication/national-genomic-test-directories/>).

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	

**Clinical Details**

**Sample Type:**

High Infection Risk?  Yes  No

Sample Date:

Taken by:

**Does this patient have a blood-borne infection? If yes PLEASE STATE:**

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

Tel: 0151 702 4228 / 4229  
Oncology section specific email:  
[mft.genetics-oncology@nhs.net](mailto:mft.genetics-oncology@nhs.net)

## 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.

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**