

**Payment Status:**

NHS

Private

**Tel:**

**Email:**

**Department:**

**Copy report to** (if applicable)**:**

**Hospital** (in full)**:**

**Consultant** (in full)**:**

**Sex:**

**NHS No:**

**DoB:**

**Address/Postcode:**

**Forename:**

**Surname:**

**Hospital No:**

**Referring Clinician**

**Patient Details**

**Paediatric/Sarcoma/Other Tumour Test Request Form**

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

**CLINICAL DETAILS PLEASE INCLUDE A COPY OF THE PATHOLOGY REPORT**

Pathology Laboratory Hospital/Trust: Pathology block/sample no.:

Sampling Date:

**PLEASE COMPLETE AND FORWARD TO THE PATHOLOGY LABORATORY HOLDING THE SAMPLE.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CI Code\* | Clinical Indication Name | Test Name | Test Code | Please tick |
| Various | Paediatric Tumours | BRAF hotspot | - |  |
| M119 | Paediatric Tumours | NGS panel | - |  |
| Various | Paediatric Tumours | Fusion panel (please state gene(s) of interest) | - |  |
| Various | Sarcoma | Fusion panel (please state gene(s) of interest) | - |  |
| All indications | NTRK fusions | Please state tumour type | - |  |
| - | Other tumour type – please state | Gene(s) of interest please state | - |  |

\*For full details of genes covered see national genomic cancer test directory (<https://www.england.nhs.uk/publication/national-genomic-test-directories/>).

NB For WGS,FISH,CNS and ctDNA testing please see: <https://mft.nhs.uk/nwglh/test-information/cancer/solid-tumour/sample-requirements/referral-form/>

**PATHOLOGY LABORATORY – please complete**

***Please note 2 tubes of curls are required for all testing.*** *For sample requirements please see reverse or* [*https://mft.nhs.uk/nwglh/*](https://mft.nhs.uk/nwglh/)

**Please circle the approximate neoplastic cells (%) in the sample sent for analysis** *(this information is important in reducing the risk of false negative results).*

**Neoplastic cells in marked area \_\_\_\_\_\_\_\_%**

#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.

|  |  |  |
| --- | --- | --- |
| 1-5# | 6-10# | 11-20# |
| 20-50 | 50-75 | >75 |

**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
* Curls should be sent in 1.5ml tubes where possible. Please contact the lab for more details

Complete Sections 1-3 of request form (available for download from https://mft.nhs.uk/nwglh/)

Oncologist/MDT

Pathology Laboratory

FFPE Block

≥20% neoplastic cell content (NCC) overall

2 tubes of 5x5um sections as curls

Yes

No

<20% NCC overall but ≥20% NCC in marked area

10x5um sections mounted on slides (no coverslips) with accompanying H&E slide marked with area for macrodissection

Send to: North West Genomic Laboratory Hub – Manchester Site, Manchester Centre for Genomic Medicine Sample Reception (6th Floor),

St Mary’s Hospital,

Oxford Road,

Manchester, M13 9WL

No

Yes

Sample may not be suitable for testing – please contact the laboratory