

**Address:**

**Postcode:**

**Email:**

**Payment Status:**

NHS

Private

**Tel:**

**Department:**

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

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

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

**Sex:**

**NHS No:**

**DoB:**

**Forename:**

**Surname:**

**Hospital No:**

**Referring Clinician**

**Patient Details**

**CNS Somatic Testing Request Form**

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

|  |  |  |
| --- | --- | --- |
| **3. TEST REQUEST *(please select options by placing a tick or cross next to each test required)******See overleaf for minimum sample requirements and additional information on sample preparation.*** *1. Please note that all genes are tested and reported and this test may identify pathogenic germline variants. 2. NGS panel testing also available for research or clinical trial support.* | **Required** | **For GDL use ONLY** |
| 1p19q FISH |  | **FISH** |
| EGFR amplification |  |
| MGMT promoter hypermethylation |  | **Bisulphite treatment** |
| KIAA1549:BRAF fusion |  | **RNA extraction** |
| C11orf95:RELA fusion |  |
| EGFRvIII transcript |  |
| BRAF codon 600 mutation testing |  | **DNA extraction** |
| Meningioma/schwannoma panel1 (NF2, SMARCB1, SMARCE1, SMARCA4, LZTR1) |  |
| NGS CNS tumour sub-panel1,2 – please circle any genes where analysis is a priority (AKT1; ALK; AR; ATRX; BRAF; CDKN2A; CTNNB1; DDR2; EGFR; ERBB2; FGFR3; GNA11; GNAQ; H3F3A; H3F3B; HIST1H3B; HIST1H3C; IDH1; IDH2; KIT; KRAS; MAP2K1; MET; NRAS; PDGFRA; PIK3CA; PTEN; RET; STK11; TERT (**including promoter**); TP53; VHL) |  |
| Methylation arrays **(please send an additional 4 x 5uM unmounted sections)** |  |

**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. Section 4 IS INTENDED to be completed by the pathology laboratory.**

**4. PATHOLOGY AND CLINICAL DETAILS**

Tumour Type/origin of organ:

Pathologist:

Hospital/Trust:

Pathology Block/Sample No:

Date sections sent to Genetics lab:

**Please indicate the approximate % nuclei that are neoplastic 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%\* 20-30%\* >30%

*\*If sample is suitable for macrodissection, please send slide mounted sections and include an H&E stained section with area(s) of tumour clearly circled and an estimate of % nuclei that are neoplastic within marked area \_\_\_\_\_\_\_\_\_\_\_%*

**4. PATHOLOGY AND CLINICAL DETAILS**

Tumour Type/origin of organ:

Pathologist:

Hospital/Trust:

Pathology Block/Sample No:

Date sections sent to Genetics lab:

**Please indicate the approximate tumour cell content of the sample sent for analysis:**

*(this information is important and is used to ensure the test carried out is appropriately sensitive)*

 <10%\* 10-20%\* 20-30%\* >30%

*\*If sample is suitable for macrodissection, please include an H&E stained section with area(s) of tumour clearly circled and an estimate of neoplastic cell content within marked area \_\_\_\_\_\_\_\_\_\_\_%*

**INFORMATION FOR PATHOLOGY LAB (ALL SAMPLES)**

* **Minimum sample requirements for each individual test**:
	+ FISH test: 4 x 3uM unstained slide mounted sections **(see below for information on sample preparation)**
	+ MGMT Hypermethylation test: 2 x 5uM unstained sections
	+ Fusion test or EGFRvIII transcript: 4 x 5uM unstained slide unmounted rolls
	+ BRAF codon 600 or NGS panel: 5 x 5uM unstained sections
* 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 TEST**

* Prepare 4 unstained sections (3uM thick) floated on the surface of a purified water bath set at 40oC (+/-2oC).
* Mount on positively charged slides and allow to air-dry
* Also include 1 H&E slide with regions enriched for nuclei that are neoplastic marked by a Pathologist along with an estimate % nuclei that are neoplastic within the marked area(s)

**INFORMATION FOR PATHOLOGY LAB (ALL SAMPLES)**

* We require a minimum of 4x5uM unstained slide mounted sections or rolls from a pathology block. This excludes KIAA1549:BRAF fusion, C110rf95:RELA fusion, and EGFRvIII transcript testing where we require a minimum of 4 x 5µM rolls or pathology blocks.
* We accept pathology blocks, but unstained slides are preferred (if pathology blocks are sent, TAT may increase by up to 7 calendar days for sample processing).
* If insufficient tissue available please contact the laboratory for advice.
* **If neoplastic cell content is <30% and sample suitable for macrodissection please also send a H&E stained slide with the area of tumour ringed and an estimate of neoplastic cell content within the marked area.**
* Sections should be cut under conditions that prevent cross contamination from other specimens.
* Slides carrying sections should be sent in a clean slide carrier. **Slides must be clearly marked with a patient or sample identifier** that matches details on this form or accompanying Pathology report. In addition please clearly label the container with **at least 2 patient identifiers.**
* Samples should be despatched as soon as possible as the patient’s treatment is dependent on the results of Genomic analysis.
* Please send samples to the address at the letterhead above.

**FISH TEST**

* Prepare 4 unstained sections (3uM thick) floated on the surface of a purified water bath set at 40oC (+/-2oC).
* Mount on positively charged slides and allowed 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)

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

5x5um sections as curls (additional 4x5um sections if RNA analysis also required)

Yes

No

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

5x5um sections mounted on slides (no coverslips) with accompanying H&E slide marked with area for macrodissection

 (additional 5x5um sections if RNA fusion analysis also required)

Send to:

North West Genomic Laboratory Hub (Manchester), Manchester Centre for Genomic Medicine, St Mary’s Hospital, Oxford Road, Manchester, M13 9WL

No

Yes

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