

Director of Laboratories: Dr L Gaunt

REQUEST FOR CNS TUMOUR TESTING

	1. PATIENT DETAILS (affix a printed label if available) Sex		: M 🗌 F 🗌	
	Forename(s):			
	2. REFERRER DETAILS Consultant: Date of request: Address for reporting/ invoicing: Tel: Email ¹ ¹ Reports will be sent to multiple emails if required (requires account registration for secure email - contact laboratory for further information)			
See 1. P rese	TEST REQUEST (please select options by placing a tick or cross next to each test required) overleaf for minimum sample requirements and additional information on sample preparation. lease note that all genes are tested and reported and this test may identify pathogenic germline variants. 2. NGS panel testing also available for arch or clinical trial support.	Required	For GDL use ONLY	
1p19q FISH EGFR amplification				
MGMT promoter hypermethylation			Bisulphite treatment	
KIA C11	A1549:BRAF fusion Lorf95:RELA fusion FRVIII transcript		RNA extraction	
	AF codon 600 mutation testing			
Me NG CDI IDH	ningioma/schwannoma panel ¹ (NF2, SMARCB1, SMARCE1, SMARCA4, LZTR1) S Glioma sub-panel ^{1,2} – please circle any genes where analysis is a priority (AKT1; ALK; AR; ATRX; BRAF; KN2A; CTNNB1; DDR2; EGFR; ERBB2; FGFR3; GNA11; GNAQ; H3F3A; H3F3B; HIST1H3B; HIST1H3C; HIST2H3C; H1; IDH2; KIT; KRAS; MAP2K1; MET; NRAS; PDGFRA; PIK3CA; PTEN; RET; STK11; TERT (including promoter); 53; VHL)		DNA extraction	
	thylation arrays (on a research basis: please send an additional 4 x 5uM unmounted sections)			

4. PATHOLOGY AND CLINICAL DETAILS		
Tumour Type/origin of organ: Pathologist:		
Hospital/Trust:		
Pathology Block/Sample No:		
Date sections sent to Genetics lab:		
	nuclei that are neoplastic in the sample sent for analysis:	

<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 % nuclei that are neoplastic within marked area ______%

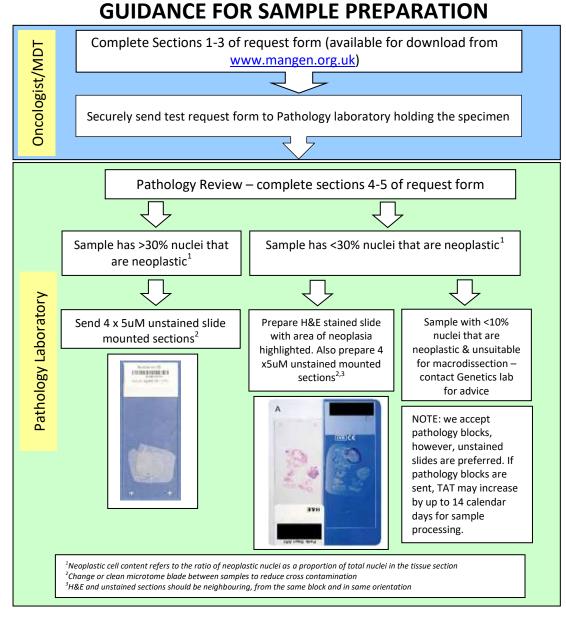
INFORMATION FOR PATHOLOGY LAB (ALL SAMPLES)

• Minimum sample requirements for each individual test:

- o FISH test: 4 x 3uM unstained slide mounted sections (see below for information on sample preparation)
- \circ MGMT Hypermethylation test: 2 x 5uM unstained slide mounted sections or rolls
- Fusion test or EGFRvIII transcript: 4 x 5uM unstained slide unmounted rolls
- o BRAF codon 600 or NGS panel: 5 x 5uM unstained slide mounted sections or rolls
- Please note these are the minimum sample requirements. Should additional material be required this may delay testing.
- We accept pathology blocks, but unstained slides are preferred (if pathology blocks are sent, TAT may increase by up to 14 calendar days for sample processing).
- If insufficient tissue available please contact the laboratory for advice.
- If % nuclei that are neoplastic is less <30% and sample suitable for macrodissection please also send a H&E stained slide with the area of tumour ringed and an estimate of % nuclei that are neoplastic 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 40°C (+/-2°C).
- 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)



In case of queries contact George Burghel (<u>George.burghel@mft.nhs.uk</u>) Tel: 0161 276 3265, Helene Schlecht (<u>Helene.Schlecht@mft.nhs.uk</u>) or Andrew Wallace (<u>Andrew.wallace@mft.nhs.uk</u>) Tel: 0161 701 4919 DOC4230 Form version 04/20