

Patient Details

Payment Status: NHS Private

Referring Clinician

Surname:

Consultant (in full):

Forename:

Hospital (in full):

DoB:

NHS No:

Department:

Tel:

Sex:

Hospital No:

Email:

Address:

Copy report to (if applicable):

Postcode:

3. TEST REQUEST (please select options by placing a tick or cross next to each test required)

Please send **NORMAL** tissue for testing and details of any germline testing that has previously been completed for this patient
See <https://www.england.nhs.uk/publication/national-genomic-test-directories/> for panel details and eligibility criteria

Test/Gene	Required	Test/Gene	Required
R208 Inherited breast cancer and ovarian cancer		R210 Inherited MMR deficiency (Lynch syndrome)	
R207 Inherited ovarian cancer (without breast cancer)		Other inherited cancer panel. Please state R code (see test directory)	

4. PATHOLOGY AND CLINICAL DETAILS

Tissue type/organ of origin _____

PLEASE INCLUDE A COPY OF THE PATHOLOGY REPORT

Pathologist:

Hospital/Trust:

Pathology block/sample no.

5. PATHOLOGY

Date sections sent to Genetics lab:

Is the pathology sample sent representative of **NON-NEOPLASTIC*** tissue? Yes / No (delete as appropriate)

Testing for **germline mutations in deceased index patients requires analysis of **normal** tissue, if normal tissue is unavailable please contact the laboratory*

INFORMATION FOR PATHOLOGY LAB (ALL SAMPLES)

- We require a minimum of 4x5uM unstained curls from a pathology block in a single sterile tube.
- 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.**
- If insufficient tissue available or if you are unsure whether a sample is suitable, please contact the laboratory for advice.

Please send to: North West Genomic Laboratory Hub (Manchester), Manchester Centre for Genomic Medicine, St Mary's Hospital, Oxford Road, Manchester, M13 9WL

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. SECTIONS 4-5 TO BE COMPLETED BY THE PATHOLOGY LABORATORY.

<https://mft.nhs.uk/nwglh/>