

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)

For sample requirements please see reverse or www.mangen.co.uk for further details. For full details of genes covered see national genomic cancer test directory (<https://www.england.nhs.uk/publication/national-genomic-test-directories/>)

*Requires 2x tubes of sections; ** Requires additional material if also for another test

Test/Gene	Required	Test/Gene	Required
Non small cell lung cancer* (for plasma testing please see alternative form)		NTRK1,2,3 fusion **	
Fusion only (inc ALK, RET, ROS1)			
Colorectal RAS testing		Melanoma (BRAF only)	
		NGS Panel (BRAF, NRAS, KIT)	
Somatic Lynch syndrome panel		Ovarian (BRCA1/BRCA2)	
		Ovarian (SMARCE1)	
GIST		MLH1 hypermethylation**	
		BRAF V600E for Colorectal cancer	
Microsatellite instability (MSI)		Sarcoma/Paediatric Tumour fusion panel** Please include any specific targets indicated	
Other test directory panel – please state tumour type (Excluding neurological tumours – see separate referral form)			

4. PATHOLOGY AND CLINICAL DETAILS

Tumour type/organ of origin _____

PLEASE INCLUDE A COPY OF THE PATHOLOGY REPORT

Pathologist:

Hospital/Trust:

Pathology block/sample no.

EGFR clinically urgent referral (targeted EGFR testing only)

Yes/No

Please note material received at <20% NCC or which yields insufficient material for wider panel screening will be tested using a targeted test where available

5. PATHOLOGY

Date sections sent to Genetics lab:

Please circle the approximate neoplastic cells (%) 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%

Neoplastic cells in marked area are %

#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.

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.

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

FISH TESTS

- Prepare 4 unstained sections (4uM 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 neoplastic cells marked by a Pathologist along with an estimate of neoplastic cell content in the marked area(s)

