

Director of Laboratories: Dr L Gaunt

Genomic Diagnostics Laboratory

Manchester Centre for Genomic Medicine, (6th Floor) St. Mary's Hospital Oxford Road, Manchester M13 9WL Tel: 0161 276 3265/6122

Email: mft.Pharmaco.GeneticsRequests@nhs.net

www.mangen.co.uk

REQUEST FOR TUMOUR DNA TESTING

PLEASE COMPLETE SECTION 1-3 AND EITHER FORWARD TO THE REQUIRE THE GENOMIC DIAGNOSTICS LABORATORY mft.Pharmaco.GeneticsRequests@nhs.net. SECTIONS 4-5 TO BE	TO OBTAIN THE SPECIMEN PLEASE FORWARD TO	
1. PATIENT DETAILS (affix a printed label if available)	2. REFERRER DETAILS	
Forename(s):	Consultant:	
Surname:	Date of request:	

Surname:		Date of request:
DoB:	Sex: M/F	Address for reporting/invoicing:
NHS No: Address:	Hosp No:	Tel: ¹ Email 1: Email 2: ¹ Reports will be sent to multiple emails if required
Postcode:		Report by: Email (account registration for secure email required - contact laboratory for further information)
3. TEST REQUEST (please select options by placing a tick or cross next to each test required) 1. Please note that all genes are tested and reported and this test may identify pathogenic germline variant. 2.NGS panel testing also available for research or clinical		

1. Please note that all genes are tested and reported and this test may identify pathogenic germline variant. 2.NGS panel testing also available for research or clinical trial support; 3. If a hypermethylation test in addition to another test is required please send a <u>further</u> 4 x 5uM sections; 4. See overleaf for sample requirements.

Test/Gene

Required

Required

Required

Test/Gene	Required	Test/Gene	Required
EGFR mutation testing (NSCLC)		NGS somatic cancer panel testing ^{1,2} – please circle	
RAS/BRAF/PIK3CA mutation testing (CRC)		any genes where analysis is a priority (AKT1; ALK; AR; BRAF; CTNNB1; DDR2; EGFR; ERBB2; FGFR3; GNA11; GNAQ; IDH1; IDH2; KIT; KRAS; MAP2K1; MET; NRAS; PDGFRA; PIK3CA; PTEN; RET; STK11; TP53)	
BRAF codon 600 mutation testing			
NRAS mutation testing (Melanoma)			
KIT mutation screen (Melanoma)		MSI testing	
KIT/PDGFRA mutation screen (GIST)		MLH1 ³ promoter hypermethylation	
FFPE BRCA1/2 mutation screen - treatment focussed in ovarian cancer ¹		MGMT ³ promoter hypermethylation	
FFPE Somatic Colorectal Cancer NGS	ALK re-arrangement by FISH testing(NSCLC) ⁴		
SCreen ¹ (APC, BMPR1A, CDH1, CTNNB1, MSH6, SMAD4, MLH1, MSH2, MUTYH, POLD1, POLE, PTEN, STK11)		ROS1 re-arrangement FISH testing (NSCLC) ⁴	

MLH1, MSH2, MUTTH, POLDT, POLE, PTEN, STRTT)	
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:	
CLINICAL URGENCY – EGFR referrals (see overleaf	
for TAT)	
Standard	
Urgent* (treatment)	
*not to exceed 10% of requests	

5. PATHOLOGY	1
--------------	---

Date sections sent to Genetics lab:

Please circle 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%*

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

For NSCLC and Melanoma only

Lung cancer	Information
Confirmed	Yes/No
NSCLC	163/100
TTF1 +ve	Yes/No
Sample type	

Melanoma	Information
Stage of	1/2/3/4
disease	1/2/3/4

>30%

INFORMATION FOR PATHOLOGY LAB (ALL SAMPLES)

- We require a minimum of 4x5uM unstained slide mounted sections or rolls from a pathology block.
- 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.

ALK/ROS1 RE-ARRANGEMENT FISH TEST

- 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 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)

EGFR Turn-around times (TAT): standard TAT is 14 calendar days, but URGENT cases can be reported within 7 calendar days.

GUIDANCE FOR SAMPLE PREPARATION

