HRD AND TUMOUR BRCA TEST REQUEST FORM

AstraZeneca MSD

LABORATORY: : NW GENOMICS LABORATORY HUB (Manchester)

All details to be completed by the requesting clinician
Patient details (affix printed label if available)

Forename:		**DoB** (DD/MM/YY):	
Surname:		**Sex**:	M ☐ / F ☐
NHS number:		**Hospital number:**	

Referrers details

Name:		**Preferred method of report:** Email* ☐ / Fax ☐ **Secure account required*	
Position:		**Email/ fax (1):**	
NHS hospital:		**Email/ fax (2):**	
Department:		**Reporting address:**	
Telephone number			

Complete for NEWLY DIAGNOSED patients

☐ **I would like to request HRD test (tumour BRCA results will be included as part of the test report)**

The HRD testing service is being offered as a Package Deal in accordance with clause 18.1 of the Association of the British Pharmaceutical Industry's Code of Practice. The provision of this service is funded by global co-promotion agreement between AstraZeneca & MSD. The service is delivered in accordance with arrangements agreed with NHS England and NHS Improvement and facilitated by NHS Genomic Laboratory Hubs. The HRD test is performed by Myriad Genetics Inc. in the United States.

OR

☐ **I would like to request tumour BRCA test only (performed by NW Genomic Laboratory Hub (Manchester))**

☐ I confirm the patient has newly diagnosed, advanced (FIGO stages III and IV) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer

☐ I confirm the patient understands purpose of test and appropriate consent has been obtained from the patient for tissue, pathology report and personal details including name, NHS number and date of birth, to be sent to Myriad laboratory in the United States for analysis. I confirm that this test is medically necessary and results will be used in the medical management and treatment decisions for the patient. I hereby declare that the clinical information described on this Test Request From is correct and belongs to the patient mentioned above and that the person signing this form is authorised by English law to order the test requested herein.

Please note SMARCA4 testing in cases of diagnostic uncertainty is not included in this AstraZeneca testing service and should be requested separately. If this is required, please contact the GLH.

This form can be filled in electronically. Please fill in all sections. Once complete print off and include with the sample that is sent to the lab. ***Please note there are two pages to this form****. The lab will require both pages to be fully completed, printed and sent with the sample.*

GB-27189*; Date of preparation: March 2021*

HRD AND TUMOUR BRCA TEST REQUEST FORM

Complete for RELAPSED patients

☐ **I confirm the patient has relapsed high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer and has already received one or more treatment for their disease i.e. patient is second line or beyond**

☐ **I would like to request tumour BRCA test (performed by NW Genomic Laboratory Hub (Manchester))**

☐ **I confirm the patient understands purpose of test and appropriate consent has been obtained**

Sample details/Pathology

Pathologist:

Pathology hospital:

Block/sample number:

Pathology lab review (sample requirements for HRD and tBRCA are the same)

Date of sampling/diagnosis:

Tissue source: *(biopsy/surgery/cytology)*

Please indicate the approx. %age of neoplastic nuclei in the sections: <20%* ☐ / >20% ☐

Approximate % neoplastic nuclei in tumour area highlighted: _____%

**For optimum mutation detection >20% neoplastic cell content is required. Macrodissection may be possible, please include a 5 micron thick H&E stained guide slide with the tumour area(s) ringed*

Date sections sent to GLH:

Information for the pathology lab

Please prepare 10 x 5uM thick sections air dried on mounted slide (no coverslips) with a corresponding marked H&E slide.

- Sections should be cut under conditions that prevent cross contamination from other specimens.
- Please clearly mark the slides (where used) with at least 2 patient identifiers.
- Please ensure that a return address is provided and that the Pathology review information above is completed.
- Samples should be sent as soon as possible as the patient's treatment might be dependent on the results of genetic analysis.
- Cytology samples can be accepted for HRD and tumour BRCA testing. It is essential that cells and tissue fragments from the cytology samples are processed into agar/cell blocks, formalin-fixed and paraffin embedded which should undergo a Pathology assessment process as per tissue samples.

Please send this form and include a copy of the Pathology report with the samples to:

Specimen Reception
NW Genomic Laboratory Hub (Manchester)
Genetic Medicine (6th Floor)
St. Mary's Hospital
Oxford Road
Manchester M13 9WL

In case of queries contact:
Phone: 0161 276 3265/6122
Email: mft.pharmaco.geneticsrequests@nhs.net
Website: www.mangen.co.uk

Signature:

Date (DD/MM/YY):

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