

Director of Laboratories: Dr A. Wallace

REQUEST FOR TUMOUR RNA TESTING

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.

1. PATIENT DETAILS <i>(affix a printed label if available)</i> Forename(s): Surname: DoB: Sex: M/F NHS No: Hosp No: Address: Postcode:	2. REFERRER DETAILS Consultant: Date of request: Address for reporting/invoicing: Tel: ¹ Email 1: Email 2: ¹ Reports will be sent <input type="checkbox"/> multiple emails if required Report by: Email <i>(account registration for secure email required - contact laboratory for further information)</i>
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3. TEST REQUEST		
Test/Gene	Required	For GDL use only
Fusion Panel – Genes targeted: ALK, BAG4, CCDC6, CD74, CUX1, EML4, ETV6, EZR, FGFR1, FGFR3, GOPC, HIP1, KIF5B, KLC1, LMNA, LRIG3, MPRIP, NRG1, NTRK1, NTRK2, NTRK3, RET, ROS1, SDC4, SLC34A2, STRN, TACC3, TFG, TPM3, TPR, TRIM33		RNA extraction

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:	5. PATHOLOGY Date sections sent to Genetics lab: Please circle the approximate % nuclei that are neoplastic in the sample sent for analysis <i>(this information is important and is used to ensure the test carried out is appropriately sensitive)</i> <div style="display: flex; justify-content: space-around;"> <10%* 10-20%* 20-30%* >30% </div> <i>*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 _____%</i>
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INFORMATION FOR PATHOLOGY LAB (ALL SAMPLES)

- We require a minimum of 4x5uM unstained rolls from a pathology block, preferably not slide mounted.
- We accept pathology blocks, but unstained sections 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 <30% and the sample is suitable for macrodissection please send 4x5uM slide mounted sections and an H&E stained slide with the area of tumour ringed. Please provide us with 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.