



PCI MOLECULAR Pathology Request form

Referring laboratory

Referring Lab specimen number _____

Date of request _____

Lab contact name and telephone number _____

Patient's details

Name _____

Surname _____

Date of birth _____

Hospital or NHS number _____

Requesting Oncologist (if applicable) _____

telephone number: _____

Email test results? no yes email: _____

Return address for blocks/slides: _____

Billing

SLA number: _____

(If no SLA number, please contact us to obtain a reference number)

NHS Private

Tests requested

Lung	<input type="checkbox"/> EGF-R _{per}	<input type="checkbox"/> ALK-1	<input type="checkbox"/> ROS1	<input type="checkbox"/> BRAF ^{V600E}	<input type="checkbox"/> NTRK	<input type="checkbox"/> PD-L1			
CRC	<input type="checkbox"/> KRAS _{per}	<input type="checkbox"/> NRAS _{per}	<input type="checkbox"/> BRAF _{per}	<input type="checkbox"/> BRAF ^{V600E}	<input type="checkbox"/> MMR	<input type="checkbox"/> Her-2 (IHC)	<input type="checkbox"/> PIK3CA _{per}		
Upper GI				<input type="checkbox"/> BRAF ^{V600E}	<input type="checkbox"/> MMR	<input type="checkbox"/> Her-2 (IHC)	<input type="checkbox"/> HER-2 (DDISH)	<input type="checkbox"/> PD-L1	
Melanoma	<input type="checkbox"/> NRAS _{per}	<input type="checkbox"/> cKIT _{per}	<input type="checkbox"/> BRAF _{per}	<input type="checkbox"/> BRAF ^{V600E}	<input type="checkbox"/> BAP-1	<input type="checkbox"/> PRAME	<input type="checkbox"/> myPATH	<input type="checkbox"/> PD-L1	
Prostate	<input type="checkbox"/> PIN4 (CK5/p63/Ki67/Racemase)		<input type="checkbox"/> ERG/PTEN	<input type="checkbox"/> MMR	<input type="checkbox"/> Prolaris				
Gynae	<input type="checkbox"/> p16/Ki-67		<input type="checkbox"/> MMR	<input type="checkbox"/> tumour-BRCA1/2	<input type="checkbox"/> somatic-BRCA1/2			<input type="checkbox"/> PD-L1	
Head&Neck	<input type="checkbox"/> p16/Ki-67		<input type="checkbox"/> MMR					<input type="checkbox"/> PD-L1	
Bladder			<input type="checkbox"/> MMR			<input type="checkbox"/> PD-L1 (Pembro)		<input type="checkbox"/> PD-L1 (Atezo)	
Breast	<input type="checkbox"/> ER	<input type="checkbox"/> PR	<input type="checkbox"/> AR	<input type="checkbox"/> Her-2 (IHC)	<input type="checkbox"/> HER-2 (DDISH)	<input type="checkbox"/> IHC4	<input type="checkbox"/> Her-2 _{low}	<input type="checkbox"/> Endopredict	<input type="checkbox"/> PD-L1 (Atezo)
	<input type="checkbox"/> tumour-BRCA1/2		<input type="checkbox"/> somatic-BRCA1/2	<input type="checkbox"/> PIK3CA _{per}				<input type="checkbox"/> PD-L1 (Pembro)	
Others	(specify test)								

Important:

- Please attach **non anonymised** histopathology report to enable identification since we need to link the patient to the tissue received.
- Reporting molecular tests requires clinical information; please provide relevant previous histopathology reports and/or a clinical summary.
- For PCR work, please send paraffin blocks.
- For on slide tests, paraffin blocks preferred; alternatively **unbaked** sections on good quality coated slides with sufficient blank space all around.

Post to: Poundbury Cancer Institute, Newborough House, 3 Queen Mother Square, Poundbury, Dorchester, Dorset, UK, DT1 3BJ

Enquiries: +44 (0)1305-756485

Email: lab@histo.org

<p>For PCI Lab use only</p> <p>Date received: _____</p> <p>H&E Cut by: _____ Date: _____</p> <p>Evaluated by: _____ Date: _____</p> <p>Size of tissue (estimate mm²): _____ Tumour cell %: _____</p> <p>Is there sufficient material to perform DNA extraction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>How many curls/slides should be used: Is micro dissection needed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Curl(s) Cut by: _____ Date: _____</p> <p>Slide(s) Cut by: _____ Date: _____</p> <p>Macro dissection by: _____ Date: _____</p>
<p>DNA</p> <p>Extraction by: _____ Date: _____</p> <p>DNA concentration (ng/µl): _____</p>	<p>qPCR</p> <p>Test performed by: _____ Date: _____</p>

PGM32F66 April 2020

the difference we make ... is identifying our differences