

## Regional Molecular Genetics Service

Genetic Medicine (6<sup>th</sup> Floor)

St. Mary's Hospital


Oxford Road

Manchester M13 9WL

Tel: 0161 276 6122/6605

Fax: 0161 276 6606

Head of laboratory: Dr. R.G. Elles

 Accredited

### REQUEST FOR KRAS/BRAF MUTATION TESTING

#### PATIENT DETAILS *(affix a printed label if available)*

Forename(s):

Surname:

DoB: Sex: M/F

NHS No: Hosp No:

Address:

Postcode:

#### REFERRER DETAILS

Consultant:

Date of request:

Address for reporting/invoicing:

Tel:

Fax:

Email:

Report by: Email  *(an 'nhs.net' email account is required)*

Fax  *(a 'Safe Haven' fax no is required)*

#### CLINICAL DETAILS *(select one option)*

Patient meets NICE guidelines (TA176)   
*(1<sup>st</sup> line treatment of patients with mCRC with metastases confined to the liver – the referring Clinician/Trust will be invoiced)*

1<sup>st</sup> line mCRC NHS patient who does not meet TA176 guidance **OR** 2<sup>nd</sup>/3<sup>rd</sup> line mCRC patient **OR** 'top-up' patient **OR** exceptional case funding patient   
*(Merck-Serono will be invoiced for these patients)*

Private patient *(Please quote insurance no.)*

Other *(Please specify)*

#### TEST REQUEST *(select one option)*

KRAS/BRAF testing (Cost £138 if KRAS mutated, £207 if KRAS wild type)   
*(test for mutations at KRAS codons 12/13, codon 61 and reflex BRAF codon 600 testing if KRAS Wild type)*

KRAS testing only (Cost £138)   
*(test for mutations at KRAS codons 12/13 and codon 61)*

BRAF testing only (Cost £69)   
*(test for mutations at BRAF codon 600)*

**PLEASE FORWARD THIS FORM ON TO PATHOLOGY**

#### FOR PATHOLOGY LAB USE

Pathologist:

Hospital/Trust:

Pathology block/sample no:

Date sections sent to Genetics lab:

Please confirm that tumour represents >30% of the sections sent: Yes/No

#### INFORMATION FOR PATHOLOGY LAB

- We require 10x10uM unstained unmounted sections from the tissue block containing the tumour sample
- If insufficient tissue available please contact the laboratory for advice
- Sections should be cut under conditions that prevent cross contamination from other specimens
- Sections should be sent in a single container manufactured under aseptic conditions e.g. Universal tube, 1.5mL Eppendorf tube
- Please clearly mark 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 Molecular Genetic analysis
- Please send samples to the address at the letterhead above.