

## 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 EGFR 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 *(please select/delete as appropriate)*

Is the patient chemo-naïve? YES/NO

Proposed treatment for patient *(select one)*

1<sup>st</sup> line  1<sup>st</sup> line maintenance

2<sup>nd</sup> line  3<sup>rd</sup> line

Smoking status:

Never smoker

Current smoker/Ex smoker \_\_\_\_ pack years

Patient ethnicity:

**PLEASE FORWARD FORM ON TO PATHOLOGY**

### FOR PATHOLOGY LAB USE

Pathologist:

Hospital/Trust:

Pathology block/sample no:

Insufficient sample remaining for testing

*(If selected - please return completed form to referring oncologist)*

Date sections sent to Genetics lab:

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

### FOR PATHOLOGY LAB USE

Confirmed NSCLC? Yes/No

Tumour Histology *(select one)*

Adenocarcinoma  Squamous

Large cell  NOS

Sample type *(Please state source of the sample e.g. FNA, biopsy, cytology sample)*

### 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.