

Director of Laboratories: Dr L Gaunt

REQUEST FOR TUMOUR DNA TESTING - TARGET

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 (affix a printed label if available)

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:

¹Email 1:

Email 2:

¹Reports will be sent to multiple emails if required

Report by: Email (account registration for secure email required
- contact laboratory for further information)

3. TEST REQUEST (please select options by placing a tick or cross next to each test required)

1. Please note that all genes are tested and reported and this test may identify pathogenic germline variant. 2. NGS panel testing also available for research or clinical trial support; 3. See overleaf for sample requirements.

Test/Gene	Required	For GDL use only
NGS somatic cancer panel testing^{1,2} – please circle any genes where analysis is a priority (AKT1; ALK; AR; BRAF; CTNNB1; DDR2; EGFR; ERBB2; FGFR3; GNA11; GNAQ; IDH1; IDH2; KIT; KRAS; MAP2K1; MET; NRAS; PDGFRA; PIK3CA; PTEN; RET; STK11; TP53)		DNA extraction
Fusion Panel - BAG4-FGFR1, CCDC6-RET, CD74-NTRK1, CD74-ROS1, EML4-ALK, EZR-ROS1, FGFR3-TACC3, KIF5B-ALK, KIF5B-RET, MPRIP-NTRK1, SDC4-ROS1, SLC34A2-ROS1, TFG-ALK, TPM3-ROS1, TRIM33-RET, CD74-NRG1, CUX1-RET, GOPC-ROS1, HIP1-ALK, KLC1-ALK, LRIG3-ROS1, STRN-ALK, TPR-ALK		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 (this information is important and is used to ensure the test carried out is appropriately sensitive)

<10%* 10-20%* 20-30%* >30%

*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 _____%

INFORMATION FOR PATHOLOGY LAB (ALL SAMPLES)

- We require a minimum of 4x5uM unstained slide mounted sections or rolls from a pathology block.
- We accept pathology blocks, but unstained slides 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 less <30% and sample suitable for macrodissection please also send a H&E stained slide with the area of tumour ringed and 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.

GUIDANCE FOR SAMPLE PREPARATION

