Director of Laboratories: Dr L Gaunt

**Genomic Diagnostics Laboratory**

Manchester Centre for Genomic Medicine,

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Oxford Road, Manchester M13 9WL

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Email: mft.Pharmaco.GeneticsRequests@nhs.net

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**REQUEST FOR DECEASED INDEX CASE NON NEOPLASTIC TISSUE TESTING**

**PLEASE COMPLETE SECTION 1-4 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. Section 5 to be completed by the pathology laboratory.**

**2. REFERRER DETAILS**

Consultant:

Date of request:

Address for reporting/invoicing:

 Tel:

1Email

*1Reports will be sent to multiple email if required*

Report by: Email *(account registration for secure email required*

 *- contact laboratory for further information)*

**1. PATIENT DETAILS *(affix a printed label if available)***

Forename(s):

Surname:

DoB: Sex: M/F

NHS No: Hosp No:

Address:

Postcode:

|  |
| --- |
| **3. TEST REQUEST *(please select options by placing a tick or cross next to each test required)****Please send non neoplastic tissue for testing and details of any germline testing that has previously been completed for this patient* |
| **Test/Gene** | **Required** | **Test/Gene** | **Required** |
| FFPE BRCA1/2 NGS screen- Deceased index |  | FFPE Colorectal Cancer NGS screen – Deceased index (APC, BMPR1A, CDH1, CTNNB1, MSH6, SMAD4, MLH1, MSH2, MUTYH, POLD1, POLE, PTEN, STK11) |  |
| Inherited Cancer Panel (please include subpanel required – *please contact the laboratory for details\** |  |  |  |
|  |

**4. PATHOLOGY AND CLINICAL DETAILS**

**Tissue source (eg. Breast)**

**PLEASE INCLUDE A COPY OF THE PATHOLOGY REPORT**

Pathologist: Hospital/Trust:

Pathology block/sample no:

**5. PATHOLOGY**

Pathology block/sample no: Date sections sent to Genetics lab:

Is the pathology sample sent representative of **Non Neoplastic**\* tissue? Yes / No (delete as appropriate)

*\*Testing for* ***germline*** *pathogenic variants in deceased index patients requires analysis of* ***Non Neoplastic*** *tissue; if non neoplastic tissue is unavailable please contact the laboratory*

**INFORMATION FOR THE PATHOLOGY LAB**

* We require a minimum of 4x5uM (\*10x5uM for inherited cancer panel) unstained slide mounted sections or rolls from a pathology block.
* We accept pathology blocks, but unstained slides are preferred.
* If insufficient tissue available please contact the laboratory for advice.
* 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 Genetic analysis.
* Please send samples to the address at the letterhead above.