NHS
Manchester University
NHS Foundation Trust

Genomic Diagnostics Laboratory
Manchester Centre for Genomic Medicine,
(6th Floor) St. Mary's Hospital
Oxford Road, Manchester M13 9WL
Tel: 0161 276 3265/6122
Email: mft.Pharmaco.GeneticsRequests@nhs.net
www.mangen.co.uk

REQUEST FOR DECEASED INDEX CASE NORMAL 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.

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:
[1]Email/fax 1:
[1]Reports will be sent to multiple email/faxes if required

Report by: Email ☐ *(account registration for secure email required - contact laboratory for further information)*
Fax ☐ *(a 'Safe Haven' fax no is required)*

3. TEST REQUEST ***(please select options by placing a tick or cross next to each test required)***
Please send NORMAL 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 mutation screen- Deceased index		FFPE Colorectal Cancer NGS screen – Deceased index (APC, BMPR1A, CDH1, CTNNB1, MSH6, SMAD4, MLH1, MSH2, MUTYH, POLD1, POLE, PTEN, STK11)	

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 **NORMAL*** tissue? Yes / No (delete as appropriate)

Testing for **germline mutations in deceased index patients requires analysis of **normal** tissue,* If normal 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.