



PCI

MOLECULAR Pathology

Request form

Referring laboratory

Referring Lab specimen number _____ NHS Private

Date of request _____

Lab contact name and telephone number _____

Patient's details

Name _____

Surname _____

Date of birth _____

Hospital or NHS number _____

Requesting Oncologist (if applicable) _____ telephone number: _____

Email test results? no yes email: _____

SLA number: _____ (If no SLA number, please fill in details below)

Invoice to: _____

Address: _____

Billing contact name: _____ **email:** _____ **telephone:** _____

Return address for blocks/slides: _____

Tests requested										
Lung	<input type="checkbox"/> EGF-R pcr	<input type="checkbox"/> ALK	<input type="checkbox"/> ROS1	<input type="checkbox"/> NTRK	<input type="checkbox"/> KRAS ^{G12C}	<input type="checkbox"/> HER2 amp	<input type="checkbox"/> HER2 ^{Ex20in}	<input type="checkbox"/> PD-L1 (TPS)		
	<input type="checkbox"/> MET ^{Ex14skip}	<input type="checkbox"/> MET fusion	<input type="checkbox"/> RET fusion	<input type="checkbox"/> PIK3CA pcr	<input type="checkbox"/> BRAF ^{V600E}			<input type="checkbox"/> PD-L1 (atezo, (SP142, TC/IC)		
CRC	<input type="checkbox"/> KRAS pcr	<input type="checkbox"/> NRAS pcr	<input type="checkbox"/> BRAF pcr	<input type="checkbox"/> BRAF ^{V600E}	<input type="checkbox"/> MMR (IHC)	<input type="checkbox"/> PIK3CA pcr	<input type="checkbox"/> Her2 (IHC)	<input type="checkbox"/> HER2 (IHC+/-)	<input type="checkbox"/> PD-L1 (CPS)	
Upper GI	<input type="checkbox"/> BRAF ^{V600E}	<input type="checkbox"/> Her2 (IHC)	<input type="checkbox"/> HER2 (DDISH)	<input type="checkbox"/> HER2 (IHC+/-ISH)	<input type="checkbox"/> Claudin18.2	<input type="checkbox"/> Her2 (IHC+/-ISH) +/-	<input type="checkbox"/> PD-L1	<input type="checkbox"/> PD-L1 (pembro)		
	<input type="checkbox"/> EBER	<input type="checkbox"/> p53	<input type="checkbox"/> E-cad	<input type="checkbox"/> β -cat	<input type="checkbox"/> MMR (IHC)	GC mol. classification		<input type="checkbox"/> PD-L1 (nivo)		
Melanoma	<input type="checkbox"/> NRAS pcr	<input type="checkbox"/> cKIT pcr	<input type="checkbox"/> BRAF pcr	<input type="checkbox"/> BRAF ^{V600E}	<input type="checkbox"/> PRAME	<input type="checkbox"/> BAP-1	<input type="checkbox"/> myPATH	<input type="checkbox"/> PD-L1 (28.8)		
	<input type="checkbox"/> NTRK	<input type="checkbox"/> ROS1	<input type="checkbox"/> ALK	<input type="checkbox"/> Spitz panel	<input type="checkbox"/> TERT					
Prostate	<input type="checkbox"/> PIN4 (CK5/p63/Ki67/tacemase)			<input type="checkbox"/> ERG/PTEN	<input type="checkbox"/> MMR (IHC)	<input type="checkbox"/> Prolaris	<input type="checkbox"/> tumour-BRCA1/2			
Gynae	<input type="checkbox"/> p16/Ki-67		<input type="checkbox"/> HER2					<input type="checkbox"/> PD-L1 (CPS)		
	<input type="checkbox"/> tumour-BRCA1/2		<input type="checkbox"/> germ line-BRCA1/2	<input type="checkbox"/> POL-E pcr	<input type="checkbox"/> MMR (IHC)	<input type="checkbox"/> p53	EC mol. classification			
Head & Neck	<input type="checkbox"/> p16/Ki-67				<input type="checkbox"/> MMR (IHC)			<input type="checkbox"/> PD-L1 (nivo)	<input type="checkbox"/> PD-L1 (pembro)	
Bladder	<input type="checkbox"/> MMR			<input type="checkbox"/> PD-L1 (nivo)	<input type="checkbox"/> PD-L1 (atezo +/- pembro)	<input type="checkbox"/> PD-L1 (pembro)	<input type="checkbox"/> PD-L1 (atezo)			
Breast	<input type="checkbox"/> AR	<input type="checkbox"/> ER	<input type="checkbox"/> PR	<input type="checkbox"/> Her2 (IHC)	<input type="checkbox"/> Her2-Low	<input type="checkbox"/> HER2 (DDISH)	<input type="checkbox"/> Her2 IHC +/- DDISH	<input type="checkbox"/> PD-L1 (atezo +/- pembro)	<input type="checkbox"/> PD-L1 (atezo)	
	<input type="checkbox"/> tumour-BRCA1/2		<input type="checkbox"/> germ line-BRCA1/2	<input type="checkbox"/> PIK3CA pcr	<input type="checkbox"/> Oncotype	<input type="checkbox"/> Endopredict	<input type="checkbox"/> IHC4	<input type="checkbox"/> PD-L1 (pembro)		
Other	(specify test)									

- Important:**
- Please attach **non anonymised** histopathology report to enable identification since we need to link the patient to the tissue received.
 - Reporting molecular tests requires clinical information; please provide relevant previous histopathology reports and/or a clinical summary.
 - For pcr work, please send paraffin blocks.
 - For on slide tests, paraffin blocks preferred; alternatively unbaked sections on good quality coated slides with sufficient blank space all around.

Post to: Poundbury Cancer Institute, Newborough House, 3 Queen Mother Square, Poundbury, Dorchester, Dorset, UK, DT1 3BJ

Enquiries: +44 (0)1305-756485 **Email:** lab@histo.org

<p>For PCI Lab use only</p> <p>Date received: _____</p> <p>H&E Cut by: _____ Date: _____</p> <p>Evaluated by: _____ Date: _____</p> <p>Size of tissue (estimate mm²): _____ Tumour cell % : _____</p> <p>Is there sufficient material to perform DNA extraction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>How many curls/slides should be used:</p> <p>Is micro dissection needed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Curl(s) Cut by: _____ Date: _____</p> <p>Slide(s) Cut by: _____ Date: _____</p> <p>Macro dissection by: _____ Date: _____</p>
<p>DNA</p> <p>Extraction by: _____ Date: _____</p> <p>DNA concentration (ng/μl): _____</p>	<p>qPCR</p> <p>Test performed by: _____ Date: _____</p>