



Referring laboratory
 Referring Lab specimen number _____
 Date of request _____
 Lab contact name and telephone number _____

Patient's details
 Name _____
 Surname _____
 Date of birth _____ gender: male female other
 Hospital or NHS number _____

Requesting Oncologist (if applicable) _____ **telephone number:** _____

Email test results to: oncologist **email:** _____
 (please ensure at least one email address is provided) pathologist **email:** _____
 histopathology office **email:** _____

Return address for blocks/slides: _____

Billing NHS private **SLA number:** _____ (If no SLA number, please contact us to obtain a reference number)

Tests requested

Lung EGF-R_{per} ALK-1 ROS1 BRAF^{V600E} NTRK _____ PD-L1 (Atezo) PD-L1 (Pembro)

CRC KRAS_{per} NRAS_{per} BRAF_{per} BRAF^{V600E} NTRK MMR Her-2 (IHC) PIK3CA_{per}

Upper GI _____ BRAF^{V600E} NTRK MMR Her-2 (IHC) HER-2 (DDISH) PD-L1

Melanoma NRAS_{per} cKIT_{per} BRAF_{per} BRAF^{V600E} NTRK BAP-1 PRAME myPATH PD-L1

Prostate PIN4 (CK5/p63/Ki67/Racemase) ERG/PTEN NTRK MMR Prolaris

Gynae p16/Ki-67 MMR NTRK tumour-BRCA1/2 somatic-BRCA1/2 PD-L1

Head&Neck p16/Ki-67 NTRK MMR PD-L1

Bladder _____ NTRK MMR PD-L1 (Pembro) PD-L1 (Atezo)

Breast ER PR AR Her-2 (IHC) HER-2 (DDISH) Her-2_{low} PHH-3 IHC4 Endopredict PD-L1 (Atezo)
 tumour-BRCA1/2 somatic-BRCA1/2 NTRK PIK3CA_{per} PD-L1 (Pembro)

Others (specify test and tumour site)

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>