

MOLECULAR PATHOLOGY – SOLID TUMOUR FFPE GENETIC TEST REQUEST FORM

For Genetics send to: North East Scotland Genetics Service, NHS Grampian, Polwarth Building, Foresterhill, Aberdeen AB25 2ZD. Tel: 01224 553893 / 553820. Email: gram.molgen@nhs.scot web: www.nhsgrampian.org/medicalgenetics

For Pathology send to: Specimen Reception, Department of Pathology, Link Building, Aberdeen Royal Infirmary, Foresterhill, Aberdeen, AB25 2ZN. Tel 01224 552833.

Essential Patient Demographics (Patient label can be used)							
Forename:		Surname:					
CHI No.:		Date of Birth:				Male / Female (Circle as appropriate)	
Address (must include postcode):						Postcode:	
Essential Sample Information							
Reason for Referral: (Please include histological diagnosis and clinical information or a copy of the original referral form may be attached)							
Referring Clinician(s):			Ward / Clinic:		Referring Pathologist(s):		
External Pathology No. (If appropriate):	Aberdeen Pathology No. (Please include PB/PD):	Block / Part No.:	Estimation of Tumour %:	Tumour* / Normal (Circle as appropriate)	Scrape All / Marked area (Circle as appropriate)	H&E Slide attached: YES/NO	
External Pathology No. (If appropriate):	Aberdeen Pathology No. (Please include PB/PD):	Block / Part No.:	Estimation of Tumour %:	Tumour* / Normal (Circle as appropriate)	Scrape All / Marked area (Circle as appropriate)	H&E Slide attached: YES/NO	
<p>* Tumour tissue: estimation of tumour content is essential; macrodissection to maximise tumour content is desirable, where possible</p> <p>Tumour Sample Type (circle as appropriate): Biopsy / Resection / Cytology / Other (please state)</p> <p>Tumour Sample Site: Primary or Metastasis (circle as appropriate)</p>							
Screen Requested (Please tick)							
Please check the SSNGM Cancer Test Directory for available testing and referral criteria https://www.genomics.nhs.scot/test-directories/							
Lung Cancer - external laboratory request for Genetics and/or Pathology testing tissue requirements: - PD-L1 IHC ONLY: 4 x 4µm sections on charged slides, dried at 60°C for 1 hour plus original H&E. - ALL TESTS - tissue block plus original H&E - All blocks and original H&E slides will be returned. N.B. If a cytology cell block MUST be used, please indicate if alcohol fixed. IHC assessment requires a minimum of 100 viable tumour cells. Bone sample decalcification method: EDTA <input type="checkbox"/> Acid <input type="checkbox"/> None <input type="checkbox"/>				Endometrial Cancer (3x5µM) (* If MSI required please select under Lynch Syndrome and send both tumour & normal tissue)		POLE MLH1 hypermethylation TP53	
				Thyroid Cancer PTC/FTC/MTC/AUS = 5x5µM; Oncocytic (RNA only) = 2x5µM; NIFTP (DNA only) = 3x5µM		KRAS / NRAS / HRAS BRAF TERT RET - DNA (MTC only) Fusion analysis (NGS)	
Lung Cancer (Pathology Dept. only)		PD-L1 IHC ALK / ROS1 IHC		Tumour Agnostic (2x5µM)		NTRK fusions	
Lung Cancer (Genetics Dept. only; 5x5µM cut in Pathology Dept. Aberdeen)		EGFR / KRAS / BRAF / ERBB2 Fusion analysis (NGS) N.B. If FISH is required, please complete GEN FORM 152.		Breast / Ovarian / Prostate (3x5µM)		BRCA1 / BRCA2	
Melanoma (3x5µM)		BRAF / NRAS / KIT		Renal Cell Carcinoma (4x4µM)		Microarray (If TFE3 FISH required please use GEN FORM 152)	
Colorectal Cancer (3x5µM)		KRAS / NRAS / BRAF Microsatellite Instability (MSI) MLH1 hypermethylation		Other (Please state tumour type and analysis requested): 1 x final slide for H&E (for Pathology dept. only)			
Lynch Syndrome (3x5µM)		MSI* / BRAF (CRC only) MLH1 hypermethylation					
Reports will be made available on SCI Store							
Pathology Audit trail (2 staff members must check that the correct block is cut and slides labelled correctly) ** please use Genetics microtome **							
Date request received:		Block collected/Apex checked by:		Block cut by:		Block / slide label check: QA1:- QA2:-	
Date given to Pathologist for marking:				Date to Genetics:			
Incomplete or illegible referral forms may lead to sample rejection and a delay in testing							