

## 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](mailto:gram.molgen@nhs.scot) web: [www.nhsgrampian.org/medicalgenetics](http://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
<b>* Tumour tissue: estimation of tumour content is essential; macrodissection to maximise tumour content is desirable, where possible</b>						
Tumour Sample Type (circle as appropriate): Biopsy / Resection / Cytology / Other (please state)						
Tumour Sample Site: Primary or Metastasis (circle as appropriate)						
Screen Requested (Please tick)						
Please check the SSNGM Cancer Test Directory for available testing and referral criteria <a href="https://www.genomics.nhs.scot/test-directories/">https://www.genomics.nhs.scot/test-directories/</a>						
<b>Lung Cancer - external laboratory request for Genetics and/or Pathology testing tissue requirements:</b> <ul style="list-style-type: none"> <li>- PD-L1 IHC ONLY: 4 x 4µm sections on charged slides, dried at 60°C for 1 hour plus <b>original</b> H&amp;E.</li> <li>- ALL TESTS - tissue block plus <b>original</b> H&amp;E</li> <li>- <b>All blocks and original H&amp;E slides will be returned.</b></li> </ul> <p><b>N.B.</b> If a cytology cell block MUST be used, please indicate if alcohol fixed. IHC assessment requires a minimum of 100 viable tumour cells.</p> <p><b>Bone sample decalcification method:</b> EDTA <input type="checkbox"/> Acid <input type="checkbox"/> None <input type="checkbox"/></p>			<b>Endometrial Cancer</b> (3x5µM) (* If MSI required please select under Lynch Syndrome and send both tumour & normal tissue)	POLE		
				MLH1 hypermethylation		
TP53						
<b>Thyroid Cancer</b> 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)				
<b>Tumour Agnostic</b> (2x5µM)		NTRK fusions				
<b>Breast / Ovarian / Prostate</b> (3x5µM)		BRCA1 / BRCA2				
<b>Renal Cell Carcinoma</b> (4x4µM)		Microarray (If TFE3 FISH required please use GEN FORM 152)				
<b>Other</b> (Please state tumour type and analysis requested):						
1 x <b>final</b> slide for H&E (for Pathology dept. only)						
Reports will be made available on SCI Store						
<b>Pathology Audit trail</b> ( 2 staff members must check that the correct block is cut and slides labelled correctly) <b>** please use Genetics microtome **</b>						
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:			
<b>Incomplete or illegible referral forms may lead to sample rejection and a delay in testing</b>						