



## GENETIC TEST REQUEST FORM – TUMOUR DNA

SURNAME		FIRST NAME	
DATE OF BIRTH	GENETIC ID	NHS NUMBER	
SEX	ETHNIC ORIGIN	HOSPITAL NO	
PATIENT ADDRESS & POSTCODE			
GP NAME & ADDRESS		<input checked="" type="checkbox"/> NHS / <input type="checkbox"/> PRIVATE	
		CCG CODE	
REFERRING CONSULTANT			
ADDRESS FOR REPORT		CONTACT NUMBER	

LAB REF:	
SAMPLE TYPE	URGENT / ROUTINE
DATE / TIME COLLECTED	DATE / TIME RECEIVED
SAMPLE TAKEN BY:	

### REASON FOR REFERRAL

Please give clinical details for all family members to be tested or state 'no phenotype'

1. Immunochemistry showed loss of expression of this/these genes: (circle)

MLH1                      PMS2

2. BRAF result: (circle one)

-Mutant                      -Wild type

-Not done

**MOLECULAR GENETIC TEST (FFPE TISSUE):**

MSI testing

MLH1 promoter hypermethylation

**TUMOUR DETAILS:**

Specify disease / gene test(s) and provide any relevant family history:

**TUMOUR BLOCK REFERENCE:**

**TUMOUR TYPE / ORIGIN:**

Please provide a copy of the histopathology report.

**IHC RESULTS:**

Loss of MSH2/MSH6

Loss of MLH1/PMS2

Other – please specify:

**SAMPLE REQUIREMENTS:**

**TUMOUR CELL CONTENT** (required to assess test sensitivity): \_\_\_\_\_ %

**\*Please send 4 x 5uM thick unstained slide mounted FFPE sections and a H&E stained section with areas of tumour clearly marked\***

## **INSTRUCTIONS:**

The sample and referral card must have three matching identifiers to be accepted. Patient's gender must be indicated on the request form.

## **FFPE SAMPLES:**

4x 5uM thick unstained slide mounted sections required. Please also send a H&E stained section with areas of tumour clearly marked.

An estimate of tumour cell content is required to enable determination of test sensitivity.

ANY OTHER SAMPLE e.g. wax block – TELEPHONE FOR ADVICE

## **Sample must be labelled with:**

- Patient's full name (surname and given name)
- Date of birth and NHS number
- Referring Hospital Number
- It is desirable to have the date and time sample was taken and/or location

**NOTE: UNLABELLED Samples will not be accepted**  
**MISLABELLED Samples will result in delay**

Samples coming from outside Great Ormond Street Hospital / Institute of Child Health must be packaged in accordance with **UN PACKING REQUIREMENT PI 650** and clearly labelled '**diagnostic specimen UN3373**'

## **Sample Handling:**

FFPE samples can be shipped and stored at room temperature.

## **Address to:**

Specimen Reception  
Level 5, Barclay House  
Great Ormond Street Hospital  
37 Queen Square  
London WC1N 3BH  
Tel: 020 7829 8870 Fax: 020 7813 8578

**For details of all referral criteria and policies please see our website:**

<http://www.labs.gosh.nhs.uk/laboratory-services/genetics>

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