

GENETIC TEST REQUEST FORM – TUMOUR DNA

SURNAME		FIRST NAME		LAB REF: Lab use only	
DATE OF BIRTH		GENETIC ID	NHS NUMBER		SAMPLE TYPE
				URGENT / ROUTINE	
SEX	ETHNIC ORIGIN	HOSPITAL NO			DATE / TIME COLLECTED
					DATE / TIME RECEIVED
					Lab use only
PATIENT ADDRESS & POSTCODE					
GP NAME & ADDRESS			NHS	PRIVATE	
			CCG CODE		
REFERRING CONSULTANT (Full name required)			CONTACT NUMBER (Required)		
DEPARTMENT (Required)			SUBMITTER ID (OUTREACH)		
HOSPITAL (Full hosp. name & address required)			NHS.NET EMAIL ADDRESS FOR REPORT*		

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

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 / 020 7762 6888

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

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

*** PLEASE NOTE: The NHS North Thames Genomic Laboratory Hub will be phasing out the posting and emailing of results as part of a departmental strategic decision and will be transitioning to our electronic results portal called OUTREACH over the coming months as the default method of distributing results. This service means results will be delivered quicker and safer to you as users. We strongly encourage you as users of the service at this point to sign up to our OUTREACH function as soon as possible. For further information on how to sign up to the OUTREACH results portal please contact the laboratory at gosh.geneticslab@nhs.net.**

For Lab Use Only