

Filename

Authorised by

Author

LF-G-CGCellPathRef

Amy Newman

Nicola Foot

CANCER GENETICS FISH REFERRAL FORM

LF-G-414 Version 3.0

3.0

17/03/2025

Version

Issue date

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Patient Details		Referring	Referring Hospital	
Surname: Forename:		Department	Department:	
DOB:	Sex: M / F		Hospital:	
Hospital Number: Laboratory Accession no.:		Consultant:	Consultant:	
NHS Number:		E-mail for re	E-mail for report:	
Routine Urgent If urgent, please state why and give date if applicable				
% of nucleated cells that are malignant: Sample collection date:				
Diagnosis/Reason for Referral:				
Sample type	<u>FISH</u>		FISH for solid tumours	
☐ BM (FFPE)	□ DLBCL panel	•	Please refer to SEGLH request	
☐ LN (FFPE)	☐ IGH::BCL2 (2)	•	form to request solid tumour FISH other than <i>ERBB2</i> (<i>HER2</i>)	
☐ FNA/EBUS/fluid (FF			www.southeast	
☐ Needle core biopsy		H::CCND1 (2xUSS) genomics.nhs.uk est-order-forms/		
Resection	☐ IRF4, DUSP22 (2xUSS) ☐ HG-lymphoma: 11q gain/loss (2xUSS)		166)	
☐ ThinPrep	☐ MALT panel (4	,	,	
☐ Other (please speci		•		
	□ ERBB2 (HER2	,		
Accompanying IHC/H&E sl stained for:	ide	specify):		
Stanieu ioi.				
Address for samples				
Genetics Laboratories, 5th Floor Tower Wing, Guy's Hospital, Great Maze Pond, London SE1 9RT Telephone: 020 7188 1709				
In submitting this sample the clinician confirms that <u>consent has been obtained</u> for testing and possible storage				
Sample requirements: Samples for FISH analysis • FFPE tissue sections for FISH – 3-4μm sections on unstained coated/charged slides with appropriate IHC*/H&E section for correlation *For HER2 FISH this must be Her2 IHC • Samples for UroVysion FISH assay – unstained ThinPrep slides				
Cellular Pathology	Date requested	Date cut	Date dispatched	
Cancer Genetics	Date received	Time received		