

Case number
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## TEST REQUIRED (please tick as appropriate)

<b>Colorectal Carcinoma</b> <input type="checkbox"/> M1.1 KRAS, NRAS, BRAF <input type="checkbox"/> M1.4 Microsatellite Instability <input type="checkbox"/> Mismatch Repair Protein (IHC) <input type="checkbox"/> M1.5 MLH1 promoter hypermethylation	<b>Non-Small Cell Lung Cancer</b> <input type="checkbox"/> M4.1 EGFR, BRAF, KRAS <input type="checkbox"/> ALK, ROS1 (IHC/FISH) <input type="checkbox"/> PD-L1 (IHC)	<b>Melanoma</b> <input type="checkbox"/> M7.1 BRAF, KIT, NRAS
<b>Gastrointestinal Stromal Tumour</b> <input type="checkbox"/> M8.1 KIT, PDGFRA	<b>Thyroid Papillary Carcinoma</b> <input type="checkbox"/> M9.1 BRAF, KRAS, NRAS  <b>Thyroid Medullary Carcinoma</b> <input type="checkbox"/> M12.1 RET	<b>Clonality Study (Lymphoma)</b> <input type="checkbox"/> M225.1/225.2 B-cell gene rearrangement <input type="checkbox"/> M225.3/225.4 T-cell gene rearrangement
<b>Chronic Lymphocytic Leukaemia</b> <input type="checkbox"/> M94.6 IgHV somatic mutation	<b>Diffuse Large B-Cell Lymphoma</b> <input type="checkbox"/> M99.5 BCL2 FISH <input type="checkbox"/> M99.7 BCL6 FISH <input type="checkbox"/> M99.1 cMYC FISH	<b>MALT Lymphoma</b> <input type="checkbox"/> M107.4 MALT1 FISH
<b>Anaplastic Large Cell Lymphoma</b> <input type="checkbox"/> M101.1 ALK1 FISH <input type="checkbox"/> M112.3 IRF4-DUSP22 FISH <input type="checkbox"/> M112.4 TP63 FISH	<b>Burkitt Lymphoma</b> <input type="checkbox"/> M96.2 IgL/MYC FISH <input type="checkbox"/> M96.3 IgK/MYC FISH	<b>Mantle Cell Lymphoma</b> <input type="checkbox"/> M102.2 CCDN1 FISH <input type="checkbox"/> M102.3 CCDN2 FISH

## REQUESTER DETAILS

Reporting Pathologist	
Hospital Name	
Address for return of block	
Telephone Number	
Requesting Clinician	
NHS e-mail (for test result)	

## HISTOLOGY AND PATIENT IDENTIFIERS

Patient Surname		Patient First Name	
Date of Resection/Biopsy		Date of Birth	
Histology Number		Gender	M / F
Hospital No.		NHS No.	
Clinical details			

## SAMPLE DETAILS:

- Please enclose:
- Histology report (**essential**)
  - Representative block (this will be returned within 2 weeks of receipt) or six 10 microns unstained sections on uncoated slides for DNA extraction
  - Two unstained sections (2 micron thickness) per FISH request on coated slides
  - 4 micron unstained section for H&E staining

# Molecular test request form

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• **Important: specimen decalcified in acid solution are not recommended or validated for molecular testing and may generate invalid results. Please only provide specimen decalcified in EDTA solution.**

**SEND BLOCK OR SLIDES WITH THIS FORM AND COPY OF THE HISTOLOGY REPORT TO:**

Address: Department of Histopathology, Advanced Diagnostics Laboratory  
 King's College Hospital, Denmark Hill, London, SE5 9RS  
 Telephone: 020 3299 34620  
 E-mail: [kch-tr.advanced-diagnostics@nhs.net](mailto:kch-tr.advanced-diagnostics@nhs.net)

<b>REFERRING PATH DEPT</b>	Date/time sample sent		Signature:
<b>RECEIVING LAB AT KCH</b>	Date/time sample received		Signature:

<b>DATE/TIME RESULT SENT</b>		<b>SIGNATURE</b>	
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