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

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| **REFERRING PATH DEPT** | Date/time  sample sent |  | Signature: |
| **RECEIVING LAB AT KCH** | Date/time  sample received |  | Signature: |

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| --- | --- | --- | --- |
| **DATE/TIME RESULT SENT** |  | **SIGNATURE** |  |