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| **TEST REQUIRED (please tick as appropriate)** |
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| **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**

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| ☐ 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 |

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| **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.**

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**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**

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

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