

**MOLECULAR PATHOLOGY SERVICE - MUTATION ANALYSIS REQUEST FORM**

For Genetics send to: North East Scotland Genetics Service, NHS Grampian, Polwarth Building, Foresterhill, Aberdeen AB25 2ZD. Tel: 01224 553893 / 553820. Email: [gram.molgen@nhs.scot](mailto:gram.molgen@nhs.scot) web: [www.nhsgrampian.org/medicalgenetics](http://www.nhsgrampian.org/medicalgenetics)

For Pathology send to: Specimen Reception, Department of Pathology, Link Building, Aberdeen Royal Infirmary, Foresterhill, Aberdeen, AB25 2ZN. Tel 01224 552833.

**Essential Patient Demographics (Patient label can be used)**

Forename:	Surname:		
CHI No.:	Date of Birth:	Male / Female (Circle as appropriate)	
Address ( <b>must</b> include postcode):			Postcode:

**Essential Sample Information**

Reason for Referral: (Please include histological diagnosis and clinical information or a copy of the original referral form may be attached)

Referring Clinician(s):		Ward / Clinic:		Referring Pathologist(s):		
External Pathology No. (If appropriate):	Aberdeen Pathology No. (Please include PB/PD):	Block / Part No.:	Estimation of Tumour %:	Tumour* / Normal (Circle as appropriate)	Scrape All / Marked area (Circle as appropriate)	H&E Slide attached: YES/NO
External Pathology No. (If appropriate):	Aberdeen Pathology No. (Please include PB/PD):	Block / Part No.:	Estimation of Tumour %:	Tumour* / Normal (Circle as appropriate)	Scrape All / Marked area (Circle as appropriate)	H&E Slide attached: YES/NO

\* **Tumour tissue:** estimation of tumour content is **essential**; macrodissection to maximise tumour content is **desirable**, where possible

Tumour Sample Type (circle as appropriate): Biopsy / Resection / Cytology / Other (please state)

Tumour Sample Site: Primary or Metastasis (circle as appropriate)

**Screen Requested (Please tick)**

Disorder:	Tests:	Disorder:	Tests:
<b>Lung Cancer - external laboratory request for Genetics and / or Pathology testing tissue requirements:</b> - PD-L1 IHC ONLY: 4 x 4µm sections on charged slides, dried at 60°C for 1 hour plus <b>original</b> H&E. - ALL TESTS - tissue block plus <b>original</b> H&E - <b>All blocks and original H&amp;E slides will be returned.</b> N.B. If a cytology cell block MUST be used, please indicate if alcohol fixed. IHC assessment requires a minimum of 100 viable tumour cells.	PD-L1 IHC	<b>Melanoma</b> (3x5µM)	<i>BRAF / NRAS / KIT</i>
	ALK / ROS1 IHC	<b>Haemato-oncology</b> (3x5µM)	Ig rearrangement
			TCR rearrangement
			<b>Breast / Ovarian</b> (3x5µM)
<b>Lung Cancer</b> (Pathology Dept. only)		<b>Renal Cell Carcinoma</b> (4x4µM)	Microarray If <i>TFE3</i> FISH required please use GEN FORM 152
<b>Lung Cancer</b> (Genetics Dept. only; 5x5µM cut in Pathology Dept. Aberdeen)	<i>EGFR / KRAS / BRAF</i>	<b>Endometrial Cancer</b> (3x5µM) (* If MSI required please select under Lynch Syndrome and send both tumour & normal tissue)	<i>POLE</i>
	Fusion analysis (NGS only)		<i>MLH1</i> hypermethylation
<b>N.B. If FISH is required, please complete GEN FORM 152.</b>			<i>TP53</i>
<b>Colorectal Cancer</b> (3x5µM)	<i>KRAS / NRAS / BRAF</i>	<b>Thyroid Cancer</b> (5x5µM)	<i>KRAS / NRAS / HRAS</i>
	Microsatellite Instability (MSI)		<i>BRAF</i>
	<i>MLH1</i> hypermethylation		<i>TERT</i>
	Fusion analysis (NGS)		
<b>Lynch Syndrome</b> (3x5µM)	<i>MSI* / BRAF (CRC only)</i>	<b>Other (Please state tumour type and analysis requested):</b>	
	<i>MLH1</i> hypermethylation	1 x <b>final</b> slide for H&E (for Pathology dept. only)	

**Reports will be made available on SCI Store**

**Pathology Audit trail** ( 2 staff members must check that the correct block is cut and slides labelled correctly) \*\* please use Genetics microtome \*\*

Date request received:	Block collected/Apex checked by:	Block cut by:	Block / slide label check: QA1:- QA2:-
Date given to Pathologist for marking:		Date to Genetics:	

*Incomplete or illegible referral forms may lead to sample rejection and a delay in testing*