

<p><b>Patient and sample details:</b></p> <p>Name: _____</p> <p>Date of birth:    /    /            Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Hospital No. _____</p> <p>NHS No. _____</p> <p>Histopathology Lab No. _____</p> <p>Date taken:    /    /</p> <p>Diagnosis/tumour type: _____ Stage: _____</p> <p>Specimen type: _____</p> <p>Tissue type:    Biopsy <input type="checkbox"/> Resection <input type="checkbox"/></p> <p style="padding-left: 40px;">Primary <input type="checkbox"/> Metastasis <input type="checkbox"/></p>	<p><b>Destination of report:</b></p> <p>Name: _____</p> <p>Hospital: _____</p> <p>Department: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Copy report to (NHS.NET contact): _____</p> <p>_____</p> <p>Sender's contact name and phone/email details: _____</p>
<p><input type="checkbox"/> NHS patient    <input type="checkbox"/> Private patient    <input type="checkbox"/> Other</p> <p>Please provide details for billing information if different from the requesting hospital above.</p>	

**SOLID TUMOUR DNA NGS PANEL**

- |  |   |  |  |                                       |
|--|---|--|--|---------------------------------------|
| <b>Colorectal</b> <input type="checkbox"/>   | <b>Lung</b> <input type="checkbox"/>        | <b>Melanoma</b> <input type="checkbox"/>       | <b>Thyroid</b> <input type="checkbox"/>            | <b>GIST</b> <input type="checkbox"/>  |
| <b>Bladder</b> <input type="checkbox"/>      | <b>H&amp;N</b> <input type="checkbox"/>     | <b>Prostate</b> <input type="checkbox"/>       | <b>Liver</b> <input type="checkbox"/>              | <b>Renal</b> <input type="checkbox"/> |
| <b>Breast</b> <input type="checkbox"/>       | <b>Pancreatic</b> <input type="checkbox"/>  | <b>Adrenal</b> <input type="checkbox"/>        |  |                                       |
| <b>Neurological</b> <input type="checkbox"/> | <b>Endometrial</b> <input type="checkbox"/> | <b>Salivary Gland</b> <input type="checkbox"/> | <b>Cholangiocarcinoma</b> <input type="checkbox"/> |                                       |
- OTHER (please specify)**  \_\_\_\_\_

Please send **1 H&E section** with the tumour area clearly marked and **5 x 10 µm mounted sections** (unstained, uncharged)

**PAN-CANCER RNA NGS PANEL**

- |   |   |  |  |   |
|---|---|--|--|---|
| <b>Sarcoma</b> <input type="checkbox"/> | <b>Lung</b> <input type="checkbox"/>    | <b>NTRK</b> <input type="checkbox"/>     | <b>H&amp;N</b> <input type="checkbox"/>        | <b>Thyroid</b> <input type="checkbox"/> |
| <b>Renal</b> <input type="checkbox"/>   | <b>Bladder</b> <input type="checkbox"/> | <b>Prostate</b> <input type="checkbox"/> | <b>Salivary gland</b> <input type="checkbox"/> |   |
- OTHER (please specify)**  \_\_\_\_\_

Please send **1 H&E section** with the tumour area clearly marked and **5 x 10 µm mounted sections** (unstained, uncharged)

- FISH (please specify probes)**  \_\_\_\_\_ **MDM2**

Please send **1 H&E section** with the tumour area clearly marked and **2 x 2 µm mounted sections per FISH probe** (unstained, positively charged)

Please send samples to the address above

*Please tick the appropriate box according to your local pathology assessment of the tissue sent for testing:*

- Cellularity:**     High     Intermediate     Low     Very Low
- Neoplastic nuclei:**     >70%     50-70%     30-50%     20-30%     10-20%
- Necrotic:**     YES     NO            **High Melanin content:**     YES     NO