



Patient Information

|                   |  |                  |  |
|-------------------|--|------------------|--|
| Surname:          |  | Hospital number: |  |
| Forename:         |  | Sex:             |  |
| DOB (dd/mm/yyyy): |  | Postcode:        |  |
| NHS number:       |  |                  |  |

Sample Information

|  |  |  |  |
|--|--|--|--|
| Date sample taken:   |  | Tumour type:<br><i>(REQUIRED)</i>      |  |
| Pathology reference number:<br><i>(including block number)</i> |  | % tumour content:<br><i>(REQUIRED)</i> |  |

Requesting Clinician

|            |  |           |  |
|------------|--|-----------|--|
| Full Name: |  | Hospital: |  |
|------------|--|-----------|--|

Reporting Information

|                         |  |                       |  |
|-------------------------|--|-----------------------|--|
| Report to be issued to: |  | E-mail(s) for report: |  |
|-------------------------|--|-----------------------|--|

**Please note:** additional report copies will not be issued to requesting clinician unless specified under Reporting Information

Sample requirements:

- 3 x 10µM FFPE curls except for:
  - RNA fusion panel – 5 x 10µM FFPE curls
  - FISH – 3µM section on superfrost slide with labelled H&E incl. tumour content of labelled region.  
Send 2 slides per FISH test requested.
- Minimum tumour content 10% except for: FISH testing (minimum 20%) and GIST (minimum 40%)
- Please ensure all samples are labelled with at least two unique identifiers

Test(s) required:

| Please tick | Cancer type                     | Testing Pathway  |
|-------------|---------------------------------|--|
|             | Colorectal adenocarcinoma       | - MSI testing (+/- BRAF)<br>- KRAS, NRAS and BRAF                                      |
|             | Other Cancer                    | - MSI testing <i>(please provide referral reason e.g for chemo-/immunotherapy)</i>     |
|             | Melanoma                        | BRAF / NRAS testing  |
|             | Non-Small Cell Lung Cancer      | EGFR (including T790M TKI resistance variant) / KRAS / BRAF testing                    |
|             | Gastrointestinal Stromal Tumour | KIT / PDGRA testing  |
|             | Anaplastic Thyroid Carcinoma    | BRAF   |
|             | various – fusion gene screen    | RNA fusion panel (incl. NTRK & FGFR. <i>Please specify targets of interest below</i> ) |
|             | various – targeted gene testing | FISH <i>(Please specify FISH tests below)</i>  |
|             | Other (please state)            | <i>Please specify below</i>  |

Please provide any additional relevant clinical details:

Please send samples to the following address:

Newcastle Genetics Laboratory  
Central Parkway  
Newcastle upon Tyne  
Tyne and Wear  
NE1 3BZ

Contact details:

[nuth.cancer.genomics@nhs.net](mailto:nuth.cancer.genomics@nhs.net)

0191 241 8786

[www.newcastlelaboratories.com/lab\\_service/laboratory-cancerservices/](http://www.newcastlelaboratories.com/lab_service/laboratory-cancerservices/)