|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sample requirements | | | | |
| 3 x 10µM FFPE tissue curls with a stated tumour content - minimum tumour content 10% (minimum 40% required for GIST) | | | | |
| *Please ensure FFPE curl sample is labelled with at least two unique identifiers* | | | | |
| Test(s) required | | | | |
|  | *RAS* testing in colorectal adenocarcinoma (*KRAS/ NRAS/BRAF*) | | | |
|  | *BRAF*  testing in melanoma (*BRAF/NRAS*) | | | |
|  | *BRAF* testing in thyroid carcinoma (*BRAF*) | | | |
|  | *EGFR* testing in NSCLC (*EGFR/KRAS*) (Cytology: samples can include fixed cell pellet or other fluids and slides) | | | |
|  | *EGFR* T790M TKI resistance testing (Cytology: samples can include fixed cell pellet or other fluids and slides) | | | |
|  | NSCLC Pathway (If *EGFR* is negative then sample will be referred to RVI for IHC ALK testing) | | | |
|  | *cKIT/PDGRA* testing in GIST | | | |
|  | MSI testing in colorectal adenocarcinoma (please contact the laboratory prior to referral to discuss testing of other tumour types) | | | |
|  | Other (please state): | | | |
| Patient information | | | Referring clinician | |
| Surname | |  | Name |  |
| Forename | |  | Hospital |  |
| DOB | |  |  |  |
| NHS No. | |  | Contact Tel |  |
| Sex | | Male / Female | Email |  |
| Hospital No. | |  | Copy report to |  |
| Postcode | |  | Hospital |  |
| Sample information | | | | |
| Date sample taken | |  | Tumour type |  |
| Pathology sample reference | |  | Tumour content |  |
| Samples should be sent to:  Newcastle Genetics Laboratory  International Centre for Life  Central Parkway  Newcastle upon Tyne  NE1 3BZ  Enquiries to:  **Cancer Genomics Laboratory**  **0191 241 8786 / 8703**  **Email: nuth.cancer.genomics@nhs.net** | | | | |
|  | | | | |

**DNA ANALYSIS**

**Molecular Pathology**

**Accredited**

**Laboratory**

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