**HER2/MMR/Lung Mutation Testing Request Form**

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| **PATIENT DETAILS** | **REFERRER DETAILS** |
| **Surname:** Click here to enter text. | **Consultant:** Click here to enter text. |
| **Forename(s):** Click here to enter text. | **Hospital:** Click here to enter text. |
| **D.O.B:** Click here to enter text. | **Phone:** Click here to enter text. |
| **Hospital No.** Click here to enter text. | **NHS.NET email:** Click here to enter text. |
| **NHS No:** Click here to enter text. |
| **Patient Address:** Click here to enter text. |
| **Copy of results to:** Click here to enter text. |
| **Postcode:** Click here to enter text. |

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| **Local specimen number & block number(s)** | Click here to enter text. |
| **Specimen type** (tick all that apply) | **FFPE** [ ]  **Cytology** [ ]   | **Biopsy** [ ]  **Resection** [ ]  | **Primary** [ ]  **Metastasis** [ ]  |
| **Decalcification method** (if applicable) | Click here to enter text. |
| **Clinical details** e.g. tumour type anddisease stage (if relevant) | Click here to enter text. |
| ***Please ensure that all available clinical details including the histopathology report are provided.******Non-FFPE cytology samples for lung mutation testing and tissue blocks for MSI curl preparation must have an estimated % tumour nuclei provided.******Failure to provide correct sample and required patient and clinical information may result in a delay to the request.*** |

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| **Test required (place x in relevant box):** |
| **NSqNSCLC** | [ ]  **Lung mutation panel: EGFR, PDL1, ALK, ROS1, BRAF**  *FFPE block or Cell block or Cell block + Cytology slide without coverslip* **% tumour nuclei** (if non-FFPE cytology sample provided):Click here to enter text.[ ]  **Other** (list individual tests if full panel not required):Click here to enter text. |
| **CRC/ Gynae** | [ ]  **MMR IHC panel** (*and* tissue sent for MSI (CRC) or MLH-1 hypermethylation (Gynae) follow-up  testing if required) *FFPE block + HE required* |
| **Breast** | [ ]  **HER2 Immunocytochemistry** (*and* follow-up ISH in the event of a 2+ IHC score) *FFPE block + HE*[ ]  **HER2 ISH only** *FFPE block + HE + HER2 IHC slide marked with 3 areas of interest* |
| **Gastric** | [ ]  **HER2 Immunocytochemistry** (*and* follow-up ISH in the event of a 2+ IHC score) *FFPE block + HE* |

**Please send samples to:** Cellular Pathology, New Victoria Wing – Level 3, Royal Victoria Infirmary, Queen Victoria Road, Newcastle upon Tyne, NE1 4LP

**Contact details for enquires:** Tel: **0191 2824445** Email: tnu-tr.CellularPathologySecretaries@nhs.net