**LUNG MUTATION PANEL 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 block\*  Cytology cell block\*\* | Biopsy  Resection | Primary  Metastasis |
| **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. | | | |
| \*Multiple blocks may be sent to ensure tissue requirement for testing is met.  \*\*Liquid samples / LBC slides are not accepted for cytology specimens | | | |

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| **TEST REQUIRED** | **TISSUE REQUIREMENTS** |
| Full Lung mutation panel (Genexus panel + PDL1 IHC)^ | *FFPE block + representative HE.* |
| Genexus panel only | *FFPE block + representative HE.* |
| PDL1 IHC only | *FFPE block* |
| Comments:Click here to enter text. | |
| ^Genexus panel will be prioritised over PDL1 if insufficient tissue in block unless otherwise advised. | |

**Please send samples to:** Cellular Pathology, New Victoria Wing – Level 3, Royal Victoria Infirmary,

Queen Victoria Road, Newcastle upon Tyne, NE1 4LP

**Contact for enquires:** Tel: **0191 2824445** Email: [nuth.molecularadmin@nhs.net](mailto:nuth.molecularadmin@nhs.net)

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| *Genexus panel:*  *Small variants: EGFR, KRAS, BRAF, ALK, MET exon 14 skipping; Fusions: ALK, ROS, RET, NTRK1, NTRK2, NTRK3* |