Tho	Newcastle	unon	Typo	Hospitals	HC
me	Nevvcastie	upon	Tyrie	nospitais	

NHS Foundation Trust



**Revision Version: 1** 

## LUNG MUTATION PANEL REQUEST FORM

PATIENT DETAILS	REFERRER DETAILS	
Surname:	Consultant:	
Forename(s):	Hospital:	
D.O.B:	Phone:	
Hospital No.	NHS.NET email:	
NHS No:		
Patient Address:		
	– Copy of results to:	
Postcode:		

Local specimen number & block number(s)				
Specimen type (tick all that apply)	<ul> <li>FFPE block*</li> <li>Cytology cell block**</li> </ul>	□ Biopsy □ Resection	<ul><li>Primary</li><li>Metastasis</li></ul>	
<b>Clinical details</b> e.g. tumour type and disease stage (if relevant)				
Please ensure that all available clinical details including the <b>histopathology report</b> 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

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:				
^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: <b>0191 2824445</b>	Email: <u>nuth.molecularadmin@nhs.net</u>	

## Genexus panel:

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

A Laboratory form containing data is NOT a controlled document The Proforma is a Controlled document Valid on day of print only:

Document details i.e. Update responsibility, Ultimate approver, Active date and Review date are held in Q-Pulse If you recognise an inaccuracy or can suggest an improvement, please raise a Change Request on Q-Pulse