



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:	
Postcode:	Copy of results to:

Local specimen number & block number(s)			
Specimen type (tick all that apply)	<input type="checkbox"/> FFPE block* <input type="checkbox"/> Cytology cell block**	<input type="checkbox"/> Biopsy <input type="checkbox"/> Resection	<input type="checkbox"/> Primary <input type="checkbox"/> Metastasis
Clinical details e.g. tumour type and disease stage (if relevant)			
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			

TEST REQUIRED	TISSUE REQUIREMENTS
<input type="checkbox"/> Full Lung mutation panel (Genexus panel + PDL1 IHC)^	FFPE block + representative HE.
<input type="checkbox"/> Genexus panel only	FFPE block + representative HE.
<input type="checkbox"/> 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: **0191 2824445** Email: nuth.molecularadmin@nhs.net

Genexus panel:

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