NHS SOUTH WEST LONDON PATHOLOGY

Cellular Pathology Department
South West London Pathology

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MOLECULAR PATHOLOGY REQUEST FORM

Patient details:	Destination of report and billing details:
Surname:______________________________	Name: _______________________________
Forename: _____________________________	Department: _________________________
Address:_______________________________	Hospital: ____________________________
_____________________________________	Address (if external): _________________
Hospital Number:	_____________________________________
NHS No:	_____________________________________
Date of Birth: / /	
Sex: M / F	Signed: ______________________________
Referral type: NHS/private/research	Tel/Ext/Bleep/Email: ___________________
Referral Lab/Block Number: ______________	Date of request: _______________________

Tumour site/Clinical details:	
Tumour histology:	
Date of sample taken:	
Tissue type (FFPE, etc):	
If external, amount sent: (recommended: 2 x 5um unstained slides or curls with 1x H&E slide OR block)	

Molecular test required:		
BRAF V600E mutation	☐	* NRAS mutation
EGFR mutation	☐	* CKIT mutation
KRAS mutation	☐	* ALK1 IHC +/- FISH
Others:		* HER2 IHC +/- FISH

For SWLP laboratory use:	
SWLP Laboratory number:	
Percentage and amount of tumour (%):	
Necrosis/pigmentation present:	
Macrodissection performed:	YES / NO
Amount of tissue used:	
DNA concentration obtained:	

*** Not available yet**