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| Molecular Pathology Request Form | Q Pulse Reference Number<br>CEL-MOL-FRM-005 | <br>MAKING EVERY TEST MATTER<br>Cellular Pathology |
| Version Number:<br>2             | Author(s):<br>Dr Jayson Wang                |   |

## Cellular Pathology Department

# Molecular Pathology Request Form

## South West London Pathology

St George's Hospital, Jenner Wing, Cranmer Terrace, London SW17 0RE  
Enquiries Tel - 020 8725 5267/9/4/3

[www.swlpath.nhs.uk](http://www.swlpath.nhs.uk)

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| Patient details:<br>Surname: _____<br>Forename: _____<br>Address: _____<br>_____<br>Hospital Number: <table border="1" style="display: inline-table; width: 100px; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table><br>NHS No: <table border="1" style="display: inline-table; width: 100px; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table><br>Date of Birth: <table border="1" style="display: inline-table; width: 100px; height: 15px;"><tr><td> </td><td> </td><td>/</td><td> </td><td> </td><td>/</td><td> </td><td> </td><td> </td><td> </td></tr></table><br>Sex: M / F<br>Referral type: NHS/private/research<br>Referral Lab/Block Number: _____ |  |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | / |  |  | / |  |  |  |  | Destination of report and billing details:<br>Name: _____<br>Department: _____<br>Hospital: _____<br>Address (if external): _____<br>_____<br>_____<br>Signed: _____<br>Tel/Ext/Bleep/Email: _____<br>Date of request: _____ |
|   |  |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |
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|  |  |
|--|--|
| Tumour site/Clinical details:  |  |
| Tumour histology:  |  |
| Date of sample taken:  |  |
| Tissue type (FFPE, etc):   |  |
| If external, amount sent:<br>(recommended: 2 x 5um unstained slides or curls with 1x H&E slide OR block) |  |

|   |  |
|---|--|
| <b>Molecular test required:</b>             |  |
| BRAF V600 mutation <input type="checkbox"/> | EGFR mutation <input type="checkbox"/>         |
| NRAS mutation <input type="checkbox"/>      | ALK1 IHC (+/- FISH*) <input type="checkbox"/>  |
| KRAS mutation <input type="checkbox"/>      | ROS1 IHC* (+/- FISH*) <input type="checkbox"/> |
| C-KIT mutation* <input type="checkbox"/>    | PD-L1 IHC (lung) <input type="checkbox"/>      |
| HER2 (breast) <input type="checkbox"/>      | Others (specify):                              |

|                                      |          |
|--------------------------------------|----------|
| <b>For SWLP laboratory use:</b>      |          |
| 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, test will be sent externally