

HRD AND TUMOUR BRCA TEST REQUEST FORM

LABORATORY: NORTH THAMES GENOMICS LABORATORY HUB (Royal Marsden)

All details to be completed by the requesting clinician

Patient details (affix printed label if available)

Forename:	<input type="text"/>	DoB (DD/MM/YY):	<input type="text"/>
Surname:	<input type="text"/>	Sex:	M <input type="checkbox"/> / F <input type="checkbox"/>
NHS number:	<input type="text"/>	Hospital number:	<input type="text"/>

Referrers details

Name:	<input type="text"/>	Preferred method of report:	
		Email* <input type="checkbox"/> / Fax <input type="checkbox"/>	
		<i>*Secure account required</i>	
Position:	<input type="text"/>	Email/ fax (1):	<input type="text"/>
NHS hospital:	<input type="text"/>	Email/ fax (2):	<input type="text"/>
Department:	<input type="text"/>	Reporting address:	<input type="text"/>
Telephone number	<input type="text"/>		

Complete for **NEWLY DIAGNOSED** patients

I would like to request HRD test (tumour BRCA results will be included as part of the test report)

The HRD testing service is being offered as a Package Deal in accordance with the Association of the British Pharmaceutical Industry's Code of Practice. The provision of this service is funded by global co-promotion agreement between AstraZeneca & MSD. The service is delivered in accordance with arrangements agreed with NHS England and NHS Improvement and facilitated by NHS Genomic Laboratory Hubs. The HRD test is performed by Myriad Genetics Inc. in the United States.

OR

I would like to request tumour BRCA test only (performed by Clinical Genomics, Royal Marsden NHSFT)

I confirm the patient has newly diagnosed, advanced (FIGO stages III and IV) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer

I confirm the patient understands the purpose of the test and appropriate consent has been obtained from the patient for tissue, pathology report and personal details including name, NHS number and date of birth, to be sent to Myriad laboratory in the United States for analysis. I confirm that this test is medically necessary and results will be used in the medical management and treatment decisions for the patient. I hereby declare that the clinical information described on this Test Request Form is correct and belongs to the patient mentioned above and that the person signing this form is authorised by English law to order the test requested herein.

Please note SMARCA4 testing in cases of diagnostic uncertainty is not included in this AstraZeneca testing service and should be requested separately. If this is required, please contact the GLH.

This form can be filled in electronically. Please fill in all sections. Once complete print off and include with the sample that is sent to the lab. **Please note there are two pages to this form.** The lab will require both pages to be fully completed, printed and sent with the sample.

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Complete for **RELAPSED** patients

- I confirm the patient has relapsed high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer and has already received one or more treatment for their disease i.e. patient is second line or beyond
- I would like to request tumour BRCA test (performed by Clinical Genomics, Royal Marsden NHSFT)
- I confirm the patient understands purpose of test and appropriate consent has been obtained

Sample details/Pathology

Pathologist:	<input type="text"/>	Pathology hospital:	<input type="text"/>
Block/sample number:	<input type="text"/>		

Pathology lab review (sample requirements for HRD and tBRCA are the same)

Tissue type: Biopsy / Resection / Primary / Metastasis

Date sample taken (DD/MM/YY): _____ / _____ / _____

Cellularity: High (>10,000 cells) / Intermediate (1,000 – 10,000 cells)
Low (<1,000 cells) / Very Low (<100 cells)

Neoplastic nuclei: >70% / 50-70% / 30-50% / 20-30% / 10-20%

Necrotic: Yes / No

Information for the pathology lab

Please forward to the GLH with this form:

- **6 x 10 micron** air dried sections mounted on uncharged slides – sections should be cut under conditions that prevent cross contamination from other specimens.
- **1 x H&E** stained slide with tumour area highlighted. **N.B. Slides will be returned and delays in testing will be encountered if the tumour area is not marked and tumour assessment provided.**
- Cytology samples can be accepted for tumour BRCA testing. It is essential that cells and tissue fragments from the cytology samples are processed into agar/cell blocks, formalin-fixed and paraffin embedded which **must** then undergo a Pathology assessment process as per tissue samples.
- Copy of histopathology report.

Clinical Genomics, Molecular Diagnostics,
Centre for Molecular Pathology,
The Royal Marsden NHSFT,
15 Cotswold Road, Sutton
Surrey, SM2 5NG

In case of enquiry, please contact Molecular Diagnostics on 020 8915 6565
or email: rmh-tr.moleculardiagnosics@nhs.net

Signature:

Date (DD/MM/YY):

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