

Patient and sample details: Name: _____ Date of birth: / / Male <input type="checkbox"/> Female <input type="checkbox"/> Hospital No. _____ NHS No. _____ Histopathology Lab No. _____ Date taken: / / Diagnosis/tumour type: _____ Stage: _____ Specimen type: _____ Tissue type: Biopsy <input type="checkbox"/> Resection <input type="checkbox"/> Primary <input type="checkbox"/> Metastasis <input type="checkbox"/>	Destination of report: Name: _____ Hospital: _____ Department: _____ Address: _____ _____ _____ _____ Copy report to (NHS.NET contact): _____ _____ Sender's contact name and phone/email details: _____
<input type="checkbox"/> NHS patient <input type="checkbox"/> Private patient <input type="checkbox"/> Other Please provide details for billing information if different from the requesting hospital above.	

SOLID TUMOUR DNA NGS PANEL

- Colorectal** **Lung** **Melanoma** **Thyroid** **GIST**
Bladder **H&N** **Prostate** **Liver** **Renal**
Breast **Pancreatic** **Adrenal**
Neurological **Endometrial** **Salivary Gland** **Cholangiocarcinoma**
OTHER (please specify) _____

Please send **1 H&E section** with the tumour area clearly marked and **5 x 10 µm mounted sections** (unstained, uncharged)

PAN-CANCER RNA NGS PANEL

- Sarcoma** **Lung** **NTRK** **H&N** **Thyroid**
Renal **Bladder** **Prostate** **Salivary gland**
OTHER (please specify) _____

Please send **1 H&E section** with the tumour area clearly marked and **5 x 10 µm mounted sections** (unstained, uncharged)

- FISH (please specify probes)** _____ **MDM2**

Please send **1 H&E section** with the tumour area clearly marked and **2 x 2 µm mounted sections per FISH probe** (unstained, positively charged)

Please send samples to the address above

Please tick the appropriate box according to your local pathology assessment of the tissue sent for testing:

Cellularity: High Intermediate Low Very Low

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

Necrotic: YES NO **High Melanin content:** YES NO