

<p>Patient and sample details:</p> <p>Name: _____</p> <p>Date of birth: / / Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Hospital No. _____</p> <p>NHS No. _____</p> <p>Histopathology Lab No. _____</p> <p>Date taken: / /</p> <p>Diagnosis/tumour type: _____ Stage: _____</p> <p>Specimen type: _____</p> <p>Tissue type: Biopsy <input type="checkbox"/> Resection <input type="checkbox"/> Primary <input type="checkbox"/> Metastasis <input type="checkbox"/></p>	<p>Destination of report:</p> <p>Name: _____</p> <p>Hospital: _____</p> <p>Department: _____</p> <p>Address: _____ _____ _____ _____</p> <p>Copy report to (NHS.NET contact): _____</p> <p>Sender's contact name and phone/email details: _____</p>
---	--

NHS patient Private patient Other

Please provide details for billing information if different from the requesting hospital above

COMPLETE FOR NEWLY DIAGNOSED PATIENTS

- I would like to request HRD & BRCA 1/2 gene testing
- I confirm the patient has newly diagnosed, advanced (FIGO stages III & 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

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

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