

# Kent Molecular Pathology External Request Form

Please ensure all details are provided when completing this form. Processing may be delayed if information is incomplete

Patient Details:		Patients Address:	
Family Name:	Date of Birth: (DD/MM/YY)	Gender:	Postcode:
	Hospital Number:		
Given name(s):	NHS Number:		GP:
	NHS Patient          Private Patient (delete as appropriate)		
Tissue-based testing:		Your Case Number:	
<input type="checkbox"/>	<b>RAS Analysis</b> on Colorectal Samples	<input type="checkbox"/>	<b>MMR Testing</b>
<input type="checkbox"/>	<b>EGFR</b> Mutation	<input type="checkbox"/>	<b>HER-2</b> Status BREAST / GASTRIC circle as appropriate
<input type="checkbox"/>	<b>ALK</b> Rearrangement (by IHC)	<input type="checkbox"/>	<b>BRAF</b> V600E for melanoma / MMR
<input type="checkbox"/>	<b>SP263</b> IHC ( <b>PD-L1</b> for NSCLC)	<input type="checkbox"/>	<b>SP142</b> IHC ( <b>PD-L1</b> for TNBC)
<input type="checkbox"/>	<b>ROS1</b> IHC (NSCLC)	<input type="checkbox"/>	<b>Other:</b> (please specify)
<b>Please attach a copy of the report</b> Material sent: * see below for RAS/BRAF (e.g. Paraffin block) NB unstained slides not accepted			
Clinical Details/ Comments:			
RAS/BRAF Testing: Please tick to confirm marked* H&E sent (non-returnable) : <input type="checkbox"/>			
* Please send an H&E with the block/report with tumour clearly marked. Tumour volume within marked area should be estimated and written on the slide which will be retained within the department and not returned. Please note a minimum tumour volume of 10% is necessary for KRAS testing and 50% for BRAF. Please note we will test high grade dysplasia in the absence of invasive malignancy.			
Requester details:		Please send or e-mail request to:	
Name:		Molecular Pathology Department Cellular Pathology Maidstone and Tunbridge Well NHS Trust Hermitage Lane, Maidstone, Kent ME16 9QQ	
Specialty:			
Report Address:			
Signature:	Date requested:		
Send a copy of the report to: (electronic = nhs.net only)		For all enquires please contact:	
		01622 225643 or <a href="mailto:mtw-tr.molpathology@nhs.net">mtw-tr.molpathology@nhs.net</a>	

For Office Use Only:	Date Received:	Material received:	Molecular Pathology Number