

## Request for FISH Analysis of Sarcoma Sample All Wales Genomics Laboratory

Patient forename		Surname	Consultant
Date of birth	Sex	Hospital ( <b><i>essential for report</i></b> )	Requested by
Address	Hospital number		Email addresses for reports ( <i>NHS Wales or NHS.net</i> ): Oncologist (s)
	NHS number ( <i>or affix addressogram</i> )		
	Alternative hospital number		Pathologist (s)
	Date requested		MDT Co-ordinator (s)
Postcode			
<b>Please note: Gene analysis relies on sampling <u>tumour tissue only</u>. Tissue blocks for genomic analysis can no longer be accepted.</b>			
Pathologist	Pathology Hospital		Block number
Sampling method, biopsy type, and fixation method			Date tissue sections sent to AWGL
Relevant clinical details (e.g. tumour histology) <b><i>Please also attach pathology report</i></b>			
<p><b>Please provide:</b>  <b><u>For ALL requests</u></b>                      1 x H&amp;E stained slide with area of highest neoplastic cell content <b>CLEARLY</b> circled  <b>AND</b>    (use of fine black marker recommended)  <b><u>For FISH-based testing</u></b>  <b>For FISH analysis</b> 3 x 3-4µM sections (singly mounted) on <b>charged/adhesion slides</b>  <b>Please state the approximate % neoplastic cell content present in the H&amp;E highlighted tumour area _____ %</b>  <b>Please provide the appropriate pathology report along with the test request.</b>          A copy of the report will be returned to you once the analysis is complete.</p>			
<b>Please indicate <u>FISH test required</u>:</b>			
Please tick here			Please tick here
	COL1A1-PDGFB		MYC
	DDIT3		NR4A3
	EWSR1/FLI1		PAX3-FOXO1
	FOXO1		ETV6
	FUS		SS18
	MDM2		TFE3
	ALK		CIC
<input type="checkbox"/> <b>Other (please specify and contact the laboratory prior to sending sample)</b> _____			