

BRAF/MLH1 Follow-up Testing Request Form



This form should be completed by UHW cell path after an IHC loss of MLH1 result has been determined through the Lynch syndrome testing pathway. The form should be returned to the referring pathology lab who should forward further sample where available to AWMGS for follow-up BRAF/MLH1 testing.

1. Patient forename		Patient surname	
Date of birth		Sex	M / F
Address			
NHS number		Completed by	
Hospital number		Completed date	

2. **Please indicate all required recipients of report.** Reports will be sent by post to the lead consultant/referrer only (and by email if address supplied). Other copies will be sent by email only.

Name	Position	Department and Hospital	Email address (_____@wales.nhs.uk)
	Lead Consultant/Referrer		
	MDT coordinator		
	Pathologist		
Duty Scientist	Lab Genetics	AWMGS	lab.genetics

3. **To be completed by Histopathology/Cytology**

Please provide the following and send, with this completed form, to the address provided:

- Unstained sections: 8 x 4 micron sections (air-dried) mounted on slides
- 1 x 5 micron H&E stained slide with tumour area highlighted
- Pathology report

Address: All Wales Genomics Laboratory, Institute of Medical Genetics, University Hospital of Wales, Heath Park, Cardiff CF14 4XW. Phone: +44 (0) 2921 842641. Email: lab.genetics@wales.nhs.uk

Where possible, please send surgical resection material, if this is now available.

If no tissue remains/is available, please forward this form to the AWMGS duty scientist: lab.genetics@wales.nhs.uk

No material available

Histopathology lab		Block number	
Site	Diagnosis		Approximate % tumour nuclei in area highlighted on H&E _____ %
<input type="checkbox"/> Colorectal, please specify <input type="checkbox"/> Endometrial <input type="checkbox"/> Other, please specify	<input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> Suspicion of adenocarcinoma <input type="checkbox"/> Adenoma <input type="checkbox"/> Other, please specify		
Further relevant clinical details:			
Completed by		Date	

4. **For internal All Wales Genomics Laboratory duty scientist use only**

Section: Familial Cancer		Assign DNA number, send to FFPE extraction	
Number of slides		<input type="checkbox"/> H&E	DS initial & date
Number of sections	___ x ___ µm		