

Cholangiocarcinoma Request Form

All Wales Medical Genomics Laboratory

Fill in patient details below – or affix addressograph				
Patient Forename:				Clinician (address report to):
Patient Surname:				Requested by:
DoB:		Sex:		NHS number:
Address:			Hospital Number:	Email Addresses (for reports): oncologists/pathologists/MDT coordinators) (NHS Wales or NHS.net)
Postcode:			Alternative Hospital no:	
			Date requested:	
Please note: Gene analysis relies on sampling tumour tissue only.				
Tissues blocks for genomic analysis can no longer be accepted.				
Next 5 boxes- For pathology Laboratory to fill in/ for correspondence regarding tissue.				
Pathologist:		Pathology Hospital:		Block Number:
Sampling method, biopsy type and fixation method:			Date sample sent to AWMGS:	Please Inform laboratory if insufficient/limited material.
Relevant Clinical Summary (e.g. tumour histology) <i>Please also attach appropriate pathology report</i>				
Please indicate analysis required:	Test Directory	Technology	Sample Requirements	
<input type="checkbox"/> FGFR2 FISH (3-4 µM slides) Or <input type="checkbox"/> FGFR2 FISH (Cytospin slides)	M220.7	FISH	1 x H&E stained slide with area of highest neoplastic cell content CLEARLY circled (use of fine black marker recommended). <u>AND</u> FGFR2 FISH: 3 x 3-4µM sections (singly mounted) on charged/adhesion slides Please state the approximate % neoplastic cell content present in the H&E highlighted tumour area _____% <u>OR</u> 2 x air-dried cytospin prepared samples on charged/adhesion slides The cytospin cells should be air-dried and no fixative used. If cytological fixative prior to the cytospin slides being created was used, please make aware on this request form. A copy of the report will be returned to you once the analysis is complete.	
<input type="checkbox"/> IDH-1 DNA NGS	M220.6	DNA NGS Panel	1 x H&E stained slide with area of highest neoplastic cell content CLEARLY circled (use of fine black marker recommended). <u>AND</u> 60µM (preferably 6x10µM) air dried unstained sections mounted on slides Please state the approximate % neoplastic cell content present in the H&E highlighted tumour area _____%	
<input type="checkbox"/> NTRK1, NTRK2, NTRK3 RNA NGS	M220.1	RNA NGS Panel	1 x H&E stained slide with area of highest neoplastic cell content CLEARLY circled (use of fine black marker recommended). <u>AND</u> 50µM (preferably 5x10µM) air dried unstained sections mounted on slides Please state the approximate % neoplastic cell content present in the H&E highlighted tumour area _____%	
Funding (information mandatory for testing):				
<input type="checkbox"/> Welsh NHS patient – WHSSC-funded <input type="checkbox"/> Other (please specify): _____				

Please complete this request form and send with the sample to:
All Wales Medical Genomics Laboratory, Institute of Medical Genetics,
University Hospital of Wales, Heath Park, Cardiff CF14 4XW

Laboratory contact details for enquiries: Phone – 0292 1842641 Email: lab.genetics.cav@wales.nhs.uk
For further information on testing please refer to the AWGL website <https://www.medicalgenomicswales.co.uk/>

Clinical Triage by:

Slides Checked by:

Due Date:

Probe:

Previous Results/No:

First Checker Summary:

Signed:

Date:

Second Checker Summary:

Signed:

Date:

Third Checker Summary (If needed):

Signed:

Date:

Final Result:

Signed:

Date: