

## Cholangiocarcinoma Request Form

### All Wales Medical Genomics Laboratory

<b>Fill in patient details below – or affix addressograph</b>				
Patient Forename:				Clinician (address report to):
Patient Surname:				Requested by:
DoB:		Sex:		NHS number:
Address:			Hospital Number:	<b>Email Addresses (for reports):</b> 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:	<b>Please Inform laboratory if insufficient/limited material.</b>

Relevant Clinical Summary (e.g. tumour histology) *Please also attach appropriate pathology report*

Please indicate analysis required:	Test Directory	Technology	Sample Requirements
<input type="checkbox"/> IDH-1 DNA NGS	M220.6	DNA NGS Panel	<b>1 x H&amp;E stained slide</b> with area of highest neoplastic cell content CLEARLY circled (use of fine black marker recommended). <u>AND</u> <b>60µM</b> (preferably 6x10µM) air dried unstained sections mounted on slides <b>Please state the approximate % neoplastic cell content present in the H&amp;E highlighted tumour area</b> _____ %
<input type="checkbox"/> <b>FGFR2, NTRK1, NTRK2, NTRK3</b> RNA NGS	M220.1	RNA NGS Panel	<b>1 x H&amp;E stained slide</b> with area of highest neoplastic cell content CLEARLY circled (use of fine black marker recommended). <u>AND</u> <b>50µM</b> (preferably 5x10µM) air dried unstained sections mounted on slides <b>Please state the approximate % neoplastic cell content present in the H&amp;E highlighted tumour area</b> _____ %
<input type="checkbox"/> <b>FGFR2</b> FISH (cytospin slides)	M220.7	FISH	(Cytospin slides) <b>1 x H&amp;E stained slide</b> with area of highest neoplastic cell content CLEARLY circled (use of fine black marker recommended). <b>Please state the approximate % neoplastic cell content present in the H&amp;E highlighted tumour area</b> _____ %  <u>AND</u> <b>2 x air-dried cytospin prepared samples on charged/adhesion slides</b> <b>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.</b>

**Funding (information mandatory for testing):**

Welsh NHS patient – WHSCC-funded  Other (please specify): \_\_\_\_\_

Please complete this request form and send with the sample to:

Wales Genomic Health Centre, Cardiff Edge Business Park,  
Longwood Drive, Whitchurch, Cardiff CF14 7YU

Laboratory contact details for enquiries: Phone – 0292 1842641 Email: [lab.genetics.cav@wales.nhs.uk](mailto: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:  
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