

### Prostate tumour BRCA (and/or NTRK) request form (NHSE panel M218)

| Patient details (affix patient's addressograph label or print)   |                     |                           |   |                                       |                          |
|--|---------------------|---------------------------|---|---------------------------------------|--------------------------|
| Forename   |                     | Surname                   |   | DoB                                   |                          |
| Address  |                     |                           |   | NHS No.                               |                          |
|  |                     |                           |   | Hosp. No.                             |                          |
|  |                     |                           |   | Sex                                   | M / F                    |
| <b>Enter Referrer details below</b> <i>All reports will be addressed to the consultant. Reports will be emailed to the email addresses listed below and uploaded to the Welsh Clinical Portal.</i>   |                     |                           |   |                                       |                          |
| Name   | Position            | Hospital                  | Email address                           |                                       |                          |
|  | Consultant          |                           | @wales.nhs.uk                           |                                       |                          |
|  |                     |                           | @wales.nhs.uk                           |                                       |                          |
|  |                     |                           | @wales.nhs.uk                           |                                       |                          |
| <b>Reason for testing-</b> This form is to activate testing for a patient with prostate cancer fulfilling the eligibility criteria for BRCA testing in relation to PARP inhibitor treatment and/or NTRK testing in relation to TRK inhibitor treatment     |                     |                           |   |                                       |                          |
| <b>Multi-target DNA NGS panel:</b> BRCA1 & BRCA2   |                     |                           |   | M218.1                                | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>10 x 5 micron air dried sections mounted on uncharged slides</li> <li>1 x 5 micron H&amp;E stained slide with tumour area <b>clearly outlined</b></li> </ul>  |                     |                           |   |                                       |                          |
| <b>Multi-target RNA NGS panel:</b> Structural variant- NTRK1, NTRK2, NTRK3   |                     |                           |   | M218.2                                | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>10 x 5 micron air dried sections mounted on uncharged slides (<i>ideally prepared in an RNase-free environment</i>)</li> <li>1 x 5 micron H&amp;E stained slide with tumour area <b>clearly outlined</b></li> </ul> |                     |                           |   | (partial)                             |                          |
| <i>If previous germline BRCA1 and BRCA2 testing has been completed please tick the applicable option below:</i>  |                     |                           |   |                                       |                          |
| Tested by AWMGS <input type="checkbox"/> Tested by another laboratory <input type="checkbox"/> Tested by unknown laboratory <input type="checkbox"/>   |                     |                           |   |                                       |                          |
| <b>Form completed by:</b>  |                     |                           | <b>Date completed:</b>                  |                                       |                          |
| <b>Sample requirements</b> – forward this form to the relevant histopathology department. This section is to be completed by histopathology for tumour requests:   |                     |                           |   |                                       |                          |
| Pathologist:   | Pathology hospital: | Date:                     | Block no.                               |                                       |                          |
| Approximate % tumour nuclei in outlined area (Please note, a minimum neoplastic cell content of 10% is required): _____ %  |                     |                           |   |                                       |                          |
| Please send the following, with this completed form, to the All Wales Genomics Laboratory (address below)  |                     |                           |   |                                       |                          |
| <ul style="list-style-type: none"> <li>Slides as outlined above</li> <li>Copy of histopathology report</li> </ul>  |                     |                           |   |                                       |                          |
| All Wales Genomics Laboratory, Institute of Medical Genetics, University Hospital of Wales, Heath Park, Cardiff, CF14 4XW<br>Telephone: +44(0)2921844023 Fax: +44(0)2921844043 Email: Lab.genetics.cav@wales.nhs.uk  |                     |                           |   |                                       |                          |
| <b>For internal All Wales Genomics Laboratory duty scientist use</b>   |                     |                           | <b>Section: Familial cancer - login</b> |                                       |                          |
| No. of slides  |                     | No. of sections           | ___ x ___ µm                            | H&E provided <input type="checkbox"/> |                          |
| <input type="checkbox"/> Assign DNA number, send to FFPE extraction  |                     | <b>RNA Spare slides</b>   |   | DS initials and date                  |                          |
| <input type="checkbox"/> Assign 80,000 number, send to FFPE RNA extraction   |                     | Number of slides: _____   |   |                                       |                          |
|  |                     | Number of sections: _____ |   |                                       |                          |