

Angioimmunoblastic T-cell lymphoma NGS test request form

1. Fill in request details.			
Patient Forename:		Patient Surname	
DoB:		Sex	
Address:			
NHS no:		Hospital no:	
Requested by:		Date requested:	
Please indicate all email addresses requiring a report copy.			
2. To be completed by Pathology			
Please note: Gene analysis relies on sampling tumour tissue. Tissues blocks for genomic analysis can no longer be accepted.			
Pathologist:	Pathology Hospital:	Block Number:	AWLP Number:
Sampling method, biopsy type and fixation method:	Date sample sent to AWMGS:	<b>Tumour sample has now been exhausted</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>For ALL requests please provide:</i>			
Tissue	Please select	Number of 5-µm FFPE scrolls per Eppendorf tube	
Large blocks of tissue (2cm) e.g. enlarged lymph nodes	<input type="checkbox"/>	5	
Blocks of tissue up to 1cm e.g. lymph node	<input type="checkbox"/>	6-8	
Blocks of tissue up to 0.5cm e.g. multiple small nodes	<input type="checkbox"/>	8-10	
Skin punch biopsies / Trucut biopsies / Fragments of biopsies	<input type="checkbox"/>	15	
Relevant Clinical Summary (e.g. provisional diagnosis) <i>Please also attach appropriate pathology report</i>			
Test	Test directory	Technology	Sample requirements
<b>Multi-target DNA NGS panel:</b> <input type="checkbox"/> DNMT3A – whole gene TET2 – whole gene IDH2 – hot spot analysis (p.R172) RHOA – hot spot analysis (p.G17V, p.T19I and p.K18N)	M111.1	TSO500 NGS Panel	DNA: FFPE tissue in an Eppendorf tube (FFPE scrolls) as described above
3. To be completed by All Wales Genomics Laboratory duty scientist use only:			
<b>Section: SolHaem</b>			
FFPE extraction	DNA Molec no x _____	Number of tubes x _____	DS initial and date:

This request form is only for the diagnosis of angioimmunoblastic T-cell lymphoma for patients with **confirmed** T Cell Non-Hodgkin Lymphoma. If this case is undiagnosed or has been diagnosed as another subtype of lymphoma please request tests via the lymphoma service pathway, this request form can be found on the AWMGS website. <https://medicalgenomicswales.co.uk/index.php/health-professional-information/a-z-of-services>)

In the event of insufficient tissue/low cellularity/low neoplastic cell content samples, please discuss with AWMGS appropriate routes of testing before sending samples.

**Samples should be dispatched as soon as possible as the patient's treatment is dependent upon the molecular analysis.**

For further information on testing, panels used and other available services please, refer to the AWMGS website: <https://www.medicalgenomicswales.co.uk/>

**Service information sheet:** <https://medicalgenomicswales.co.uk/index.php/download-services>

**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 – 02921 842641

Email: [lab.genetics@wales.nhs.uk](mailto:lab.genetics@wales.nhs.uk)