

Solid Tumour Test Request Form **Breast**

Fill in patie	nt details below or affix addr	essogra	ph (to	p left) and send	to Cell Patholo	gy for sample preparation
Patient Forename:					Clinician (address report to):	
Patient Surname:					Requested by:	
DoB:			NHS nu	umber:	Hospital Name (<u>essential for report</u>):	
Sex:			Hospit	(NHS Wales o		ses (for reports): r NHS.net) pathologists/MDT coordinators
Address:			Alternative Hospital no:		— Unicologists/p	actiologists/WDT coordinators
		I	Date re	equested:		
Please note: Gene analysis relies on sampling <u>tumour tissue</u> . Tissues blocks for genomic analysis can no longer be accepted.						
This section is for completion by Pathology Laboratory.						
Pathologist:			Pathology Hospital:			Block Number:
Sampling method, biopsy type and fixation method.			Date sample sent to AWMGS		MGS	Tumour sample has now been exhausted
						Yes □ No □
Relevant Clinical Summary (e.g. tumour histology) Please also attach appropriate pathology report HER2 FISH analysis requested following equivocal result (score 2+) on HERs immunohistochemistry Other (please provide details) - to be discussed with AWMGS prior to sending:						
Test				Test directory	Technology	Sample requirements
HER2 Fluores	cence in situ hybridisation (FISH)			n/a	FISH	3 x 3-4μM sections (singly mounted) on charged/adhesion slides. Plus (where relevant): 1 IHC slide with equivocal area (2+) CLEARLY circled
Samples should be dispatched as soon as possible as the patient's treatment is dependent upon the molecular analysis For further information on testing please refer to the AWMGL website: https://www.medicalgenomicswales.co.uk/						
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: <u>lab.genetics.cav@wales.nhs.uk</u>