

## Solid Tumour Test Request Form **Breast**

Fill in patient details below – or affix addressograph (top left)							
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Patient Forename:					Clinician (add	Clinician (address report to):	
Patient Surname:					Requested by:		
DoB:		ı	NHS n	number: Hospital Nam		e ( <u>essential for report</u> ):	
Sex:			(NF		(NHS Wales o	Email Addresses (for reports): (NHS Wales or NHS.net)	
Address:			Alternative Hospital no:		— oncologists/p	athologists/MDT coordinators	
			Date requested:				
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 □	
Sample details:							
Archived tissue   New biopsy  Date of biopsy							
Relevant Clinical Summary (e.g. tumour histology) Please also attach appropriate pathology report							
For <u>ALL</u> requests please provide:							
1 H&E stained slide with area of highest neoplastic cell content CLEARLY circled.							
Please state the approx. % neoplastic cell content present in the H&E circled tumour area:%							
Test				Test directory	Technology	Sample requirements	
Multi-target DNA NGS panel: small variant – PIK3CA				n/a	DNA NGS Panel	<b>DNA</b> : 60μM (preferably <b>6x 10μM</b> ) air dried unstained sections mounted on slides.	
_	RNA NGS panel: iant - NTRK1, NTRK2, NTRK3			M3.5	RNA NGS Panel	RNA: 50μM (preferably 5x 10μM) air dried unstained sections mounted on slides. Note: slides for RNA - ideally prepared in an RNase-free environment.	



In the event of insufficient tissue/low cellularity/low neoplastic cell content samples, please discuss with AWMGS appropriate alternate 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, 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: 0292 1842641 Email: lab.genetics.cav@wales.nhs.uk