

Solid Tumour Test Request Form Brain Tumour

| Fill in patient detai | ls below or affi | x ad | dressograp | h (top left) and se | nd to Cell Path | ology | for sample preparation |
|---|------------------|---|----------------------------|--|---|--|---|
| Patient Forename: | | | | | Clinician (address report to): | | |
| Patient Surname: | | | | | Requested by: | | |
| DoB: | DoB: | | NHS number: | | Hospital Name (<u>essential for report</u>) | | |
| | | | Hospital Number: | | Email Addresses (for reports): (NHS Wales or NHS.net) | | |
| Sex: | | | | | oncologists/pathologists/MDT coordinators) | | |
| Address: | | Alternative Hospital no: | | | | | |
| Postcode: | | | Date requested: | | | | |
| Please note: Gene analysis relies on sampling tumour tissue. | | | | | | | |
| 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 t | | exha | | our sample has now been |
| | | | | | | | ustea No |
| For <u>ALL</u> requests please provide: | | | | | | | |
| 1 H&E stained slide with area of highest neoplastic cell content <u>CLEARLY circled</u> . | | | | | | | |
| Please state the approx. % neoplastic cell content present in the H&E circled tumour area:% Relevant Clinical Summary (e.g., tumour histology) Please also attach appropriate pathology report | | | | | | | |
| nelevante enimear sammary (e.g. tarriour mistology) i reast also attach appropriate patriology report | | | | | | | |
| Test | | Test directory | | Technology | | Sample requirements | |
| Multi-target DNA NGS panel: small variant – IDH1, IDH2, BRAF, EGFR, ATRX, H3-3A, TERT, PTEN, TP53, CDKN2A | | M21.1, M23.1, M27.1, M29.1, M31.2, M32.1, M33.3, M34.1, M35.1 | | DNA NGS Panel | | DNA: 60μM (preferably 6x 10μM) air dried unstained sections mounted on slides. | |
| MGMT promoter meth | ylation | | | .2, M31.1, M191.17, 193.17 | Pyrosequencing | | |
| 1p/19q FISH | | | | .5, M31.3, M32.2, .8, M27.7, M34.4, 1.12, M192.12, | Fluorescence in Situ Hybridisation (FISH) | | 4 x 3-4μM sections (singly mounted) on charged/adhesion slides |
| Multi-target RNA NGS (variant - BRAF, EGFRVIII) NTRK3 | | | M21.21, M2 | 7.15, M36.14 | 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 and further details on panels used please, refer to the AWMGL website:

PD-GEN-GliomaNGS8.pdf (medicalgenomicswales.co.uk)

Please complete this request form and send to the local path lab where sample preparation can take place prior to sending the sample and form to AWMGS at:

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

Revision: 3