

## Solid Tumour Request Form Thyroid Cancer

**Fill in patient details below or affix addressograph (top left) and send to Cell Pathology for sample preparation**

Patient Forename:		Clinician (address report to):	
Patient Surname:		Requested by:	
DoB:		NHS number:	Hospital Name ( <i>essential for report</i> )
Sex:		Hospital Number:	<b>Email Addresses (for reports):</b> (NHS Wales or NHS.net) 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 to AWMGS	<b>Tumour sample has now been exhausted</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

*For ALL 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: \_\_\_\_\_%**

Relevant Clinical Summary (e.g. tumour histology) *Please also attach appropriate pathology report*

Test		Test directory	Technology	Sample requirements
<b>Multi-target DNA NGS panel:</b> small variant - BRAF, KRAS, NRAS HRAS ,TP53, RET	<input type="checkbox"/>	<b>M9.1, M10.1, M11.1, M12.1</b>	<b>DNA NGS Panel</b>	<b>DNA:</b> 60µM (preferably <b>6x 10µM</b> ) air dried unstained sections mounted on slides
<b>Multi-target RNA NGS panel:</b> Structural variant - EGFRvIII, RET, NTRK1, NTRK2, NTRK3	<input type="checkbox"/>	<b>M9.2, M10.2, M11.4, M12.2</b>	<b>RNA NGS Panel</b>	<b>RNA:</b> 50µM (preferably <b>5x 10µM</b> ) air dried unstained sections mounted on slides ( <i>Note: slides for RNA - ideally prepared in an RNase-free environment.</i> )

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-NGSThyCan3.pdf \(medicalgenomicswales.co.uk\)](https://www.medicalgenomicswales.co.uk/PD-GEN-NGSThyCan3.pdf)

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: 02921 842641 Email: [lab.genetics.cav@wales.nhs.uk](mailto:lab.genetics.cav@wales.nhs.uk)