

Request for **URGENT BRAF pyrosequencing** analysis of circulating tumour DNA (ctDNA) for **melanoma** patients
All Wales Genomics Laboratory

Fill in patient details below, or affix addressograph			
Patient forename(s):		Patient surname:	Lead Consultant:
DoB:	Sex:	Hospital (to send report to):	Requested by:
Address: Postcode:		Hospital number:	DATA ESSENTIAL FOR PROCESSING Report to (NHS email address(es)):
		Alternative hospital number:	
		NHS number:	
		Date requested:	
Date and time of blood draw: dd/mm/yyyy _____ hh:mm _____			
<p>PLEASE NOTE THAT CURRENT BRAF CTDNA TESTING IS ONLY SUITABLE FOR MELANOMA PATIENTS WITH WIDESPREAD DISEASE WHO CANNOT WAIT FOR FFPE TISSUE TESTING</p> <p>Relevant clinical information (e.g. tumour histology, TNM, treatment plans), please also attach appropriate pathology report if available:</p>			
<p>Instructions for sending samples:</p> <ul style="list-style-type: none"> • Please provide 10-20ml whole blood in 1-2 Streck Cell-Free DNA BCT® or Janssen CellSave Preservative Tubes (Streck tubes available on request from the laboratory) • Please invert the tube gently 8-10 times following blood draw • Please dispatch samples within 24 hours of collection at ambient temperature; do not refrigerate or freeze the sample. Samples must reach the lab within 96 hours. Sample collection from UHW wards can be coordinated by prior arrangement. • Please ensure all blood tubes are clearly labelled with the patient's name and DOB and that all details on this form have been completed. • We do not recommend that blood samples are taken whilst the patient is receiving chemotherapy. • Samples should not be sent to the lab on Fridays unless extremely urgent and by prior request. <p>Samples should be dispatched as soon as possible as the patient's treatment is dependent upon the molecular analysis.</p> <p>For full details of testing please see laboratory website at https://www.medicalgenomicswales.co.uk/</p>			
<p>Funding (information mandatory for testing):</p> <p><input type="checkbox"/> Welsh NHS patient – WHSCC-funded <input type="checkbox"/> Other (please specify): _____</p>			
<p>Please send the sample and completed request form to:</p> <p>All Wales Medical Genomics Laboratory Institute of Medical Genetics University Hospital of Wales Heath Park Cardiff CF14 4XW</p>		<p>Laboratory contact details for enquiries:</p> <p>Phone: 02921 844023</p> <p>Email: lab.genetics.cav@wales.nhs.uk</p>	