

Request for FISH Analysis of Sarcoma Sample All Wales Genomics Laboratory

Patient forename		Surname	Consultant
Date of birth	Sex	Hospital (<i>essential for report</i>)	Requested by
Address		Hospital number	Email addresses for reports (<i>NHS Wales or NHS.net</i>):
		NHS number (<i>or affix addressogram</i>)	
		Alternative hospital number	
Postcode	Date requested		

**Please note: Gene analysis relies on sampling tumour tissue only.
Tissue blocks for genomic analysis can no longer be accepted.**

Pathologist	Pathology Hospital	Block number
Sampling method, biopsy type, and fixation method		Date tissue sections sent to AWGL

Relevant clinical details (e.g. tumour histology) ***Please also attach pathology report***

Please provide:

For ALL requests

1 x H&E stained slide with **area of highest neoplastic cell content/cells of interest CLEARLY circled**
(use of fine black marker recommended)

AND

For FISH-based testing

3 x 3-4µM sections (singly mounted) on **charged/adhesion slides**

Please state the approximate % neoplastic cell content present in the H&E highlighted tumour area %

Please provide the appropriate pathology report along with the test request.

A copy of the report will be returned to you once the analysis is complete.

Please indicate FISH test required:

Please tick here			Please tick here	
<input type="checkbox"/>	MDM2		<input type="checkbox"/>	NR4A3
<input type="checkbox"/>	EWSR1/FLI1		<input type="checkbox"/>	ETV6
<input type="checkbox"/>	SS18		<input type="checkbox"/>	NTRK3
<input type="checkbox"/>	DDIT3		<input type="checkbox"/>	ETV6-NTRK3
<input type="checkbox"/>	FUS		<input type="checkbox"/>	TFE3
<input type="checkbox"/>	FOXO1		<input type="checkbox"/>	ALK
<input type="checkbox"/>	CIC		<input type="checkbox"/>	MYC
<input type="checkbox"/>	COL1A1-PDGFB			

If the required FISH test is not on this list please contact the laboratory prior to sending a sample.

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

For further information on testing please refer to the AWGL website <https://www.medicalgenomicswales.co.uk/>