

Neuropathology Request Form: Bristol Genetics Laboratory

Please complete electronically: type or click in the grey boxes.

Patient name:		Consultant:
Address:		Department and Hospital:
Postcode:		Hospital number:
DOB:	Gender:	Requested by:
NHS number:		Date requested:
Pathology block number:		Date of resection/biopsy:
Pathologist		Date sample sent to BGL:

Test/s required, please click in the appropriate boxes below to make your selection.

Clinical summary:

Any additional information or requests:

DNA tests:

- MGMT promoter methylation analysis**
- IDH1 and IDH2 sequence analysis**
- Histone analysis: H3F3A and HIST1H3B sequence analysis**
- BRAF codon 600 mutation analysis**

Please tick appropriate box:

- Sample with **>30%** neoplastic cells: send 5 x 10µm sections in a clean universal. Labelled with patient name, date of birth and pathology block number.
- Sample with **<30%** neoplastic cells: send 10 x 5µm slide mounted sections along with H&E with regions of >30% neoplastic cells highlighted. Labelled with patient name, date of birth and pathology block number.

RNA tests:

- BRAF fusion RT-PCR analysis**

Send 10 x 5µm slide mounted sections along with H&E with regions of >30% neoplastic cells highlighted. Labelled with patient name, date of birth and pathology block number.

FISH tests:

- 1p/19q co-deletion FISH analysis**

Please send 4 x 4µm and 4 x 2µm sections on 'APES' or 'sticky' slides required with an accompanying H&E slide with the appropriate tumour rich area(s) marked. Labelled with patient name, date of birth and pathology block number.

- EGFR amplification FISH analysis**

- MYCN FISH analysis**

- MYC FISH analysis**

- BRAF fusion FISH analysis** (if sample is too small for BRAF fusion RT-PCR analysis)

Please send 2 x 4µm and 2 x 2µm sections on 'APES' or 'sticky' slides **per test** required with an accompanying H&E slide with the appropriate tumour rich area(s) marked. Labelled with patient name, date of birth and pathology block number.

Please include a copy of the histopathology report for this patient

Samples should be dispatched as soon as possible as the patient's treatment is dependent upon the molecular analysis. Send paperwork and sample to: Bristol Genetics Laboratory, Pathology Sciences, Southmead Hospital, Bristol BS10 5NB Phone: 0117 414 6168 Email: nbn-tr.geneticsenquiries@nhs.net

CONSENT STATEMENT It is the referring clinician's responsibility to ensure that the patient/carer knows the purpose of the test and that the DNA sample will be retained in long term storage and may be used for future diagnostic tests. Completing this form is an indication that the clinician has obtained consent for testing and storage. The patient should be advised that the sample may be used anonymously for quality assurance and training purposes. Please advise us of any restrictions. Any remaining sections/slides will be returned to the histopathology laboratory of origin.