



Molecular Neuropathology Request Form

Please send a copy of the histological report with the referral request. Please send requests to: $\underline{\text{kch-tr.molecularneuropathology@nhs.net}}$.

Patient Identifiers						
Patient Surname		Pati	ient Forename			
Hospital No.		Date	e of Birth			
NHS No.		Sex				
GP Postcode		War	rd			
Ethnicity	Treating Consultant					
Hospital						
Clinical details						
Sample Details						
Biopsy Number	Tissue type				FFPE/FF/D	NA/RNA
Date of biopsy/resection	Tumour content (%)					
Referred material	FF 🖂 B	lock	Slic	des (1	0 slides, 10	µm) 🗆
Provisional Diagnosis						
Presentation status	First diagnosis/recurrence	ce				
Tests Required						
MGMT Methylation status						
Methylation Array (850k Illumina EPIC array)						
Multimodal NGS Panel						
WGS (Germline Sample, TOF and ROD required)						
Additional Details						
e.g Site of lesion						
Requester Details						
Reporting Pathologist						
Date of request						
Telephone Number						
Requesting Clinician						
NHS.net e-mail						
CC e-mail (optional)						
Please send a copy of the histological report with the referral request.						
Internal Use Only			Deceived Dy			
Date/time received			Received By			