

All fields are mandatory. Illegible, unclear or incomplete forms will result in delays or rejection.

CONSENT STATEMENT: It is the referring clinician's responsibility to ensure that the patient/carer knows the purpose of the test and that the sample may be stored for future diagnostic testing. Testing may be performed at Synnovis, any other NHSE GLH or by other international laboratories where necessary. The patient should be advised that the sample may be used anonymously for quality assurance and training purposes.

If the patient does not wish information to be shared please write this clearly in the clinical summary box.

PATIENT DEMOGRAPHICS		PATIENT ETHNICITY	
First name:		White:	British <input type="checkbox"/> Irish <input type="checkbox"/> Any Other White Background <input type="checkbox"/>
Last name:		Mixed:	White And Black Caribbean <input type="checkbox"/> White And Black African <input type="checkbox"/> White And Asian <input type="checkbox"/> Any Other Mixed Background <input type="checkbox"/>
DOB:	Gender: Male <input type="checkbox"/> / Female <input type="checkbox"/> / Other <input type="checkbox"/>	Asian or Asian British:	Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any Other Asian Background <input type="checkbox"/>
NHS number:		Black or Black British:	Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any Other Black Background <input type="checkbox"/>
Hospital no:		Other Ethnic Groups:	Chinese <input type="checkbox"/> Any Other Ethnic Group <input type="checkbox"/>
Postcode:		Not stated <input type="checkbox"/>	Not Known <input type="checkbox"/>
Laboratory Accession no.:			

Sample collection date & time	
% Tumour cellularity/% neoplastic cells:	
Site of Biopsy:	

curls/scrolls >20% tumour; 5x10µm sections
or
 slides <20% tumour; 5x10µm sections, plus a marked H&E slide

Clinical Indication:	M2 Ovarian carcinoma
Histological subtype:	
Test request:	M2.5 HRD status

Eligibility
Patient is eligible for first line treatment and has a diagnosis of high-grade ovarian cancer

CLINICAL DETAILS

CLINICIAN DETAILS In submitting this form, the clinician confirms that consent has been obtained for testing and storage.

Requesting Clinician / Consultant: Hospital & Department: Clinician e-mail: Phone: Signature: _____ Date: ____/____/____	Main contact (if different): Hospital & Department: Contact e-mail: Phone: Signature: _____ Date: ____/____/____
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Please send all samples to:
Cancer Genetics, Genetics Laboratories, 5th Floor Tower Wing, Guy's Hospital, London SE1 9RT

Lab use only