

Molecular Neuropathology Request Form

Please send a copy of the histological report with the referral request. Please send requests to: kch-tr.molecularneuropathology@nhs.net.

Patient Identifiers			
Patient Surname		Patient Forename	
Hospital No.		Date of Birth	
NHS No.		Sex	
GP Postcode		Ward	
Ethnicity		Treating Consultant	
Hospital			
Clinical details			
Sample Details			
Biopsy Number		Tissue type	FFPE/FF/DNA/RNA
Date of biopsy/resection		Tumour content (%)	
Referred material	FF <input type="checkbox"/>	Block <input type="checkbox"/>	Slides (10 slides, 10 µm) <input type="checkbox"/>
Provisional Diagnosis			
Presentation status	First diagnosis/recurrence		

Tests Required	
<i>MGMT</i> Methylation status	<input type="checkbox"/>
Methylation Array (850k Illumina EPIC array)	<input type="checkbox"/>
Multimodal NGS Panel	<input type="checkbox"/>
WGS (Germline Sample, TOF and ROD required)	<input type="checkbox"/>

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			
Date/time received		Received By	