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	☐	Block	☐	Slides (10 slides, 10 µm)		☐
Provisional Diagnosis							
Presentation status	First diagnosis/recurrence						

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

Date/time received		Received By	