

Molecular Neuropathology Request Form

Please send a copy of the histological report with the referral request. Please send requests to:
kch-tr.moleculareuropathology@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	Fresh tissue-FF (RNA later)		Fresh tissue-FF (Snap-freeze)	<input type="checkbox"/>	Blood EDTA (Germline Testing)	<input type="checkbox"/>
	FFPE Slides (10 slides, 10 µm)		FFPE Block	<input type="checkbox"/>	Other (Please specify)	<input type="checkbox"/>
Provisional Diagnosis						
Presentation status	First diagnosis/recurrence					
Tests Required						
MGMT promoter Methylation status					<input type="checkbox"/>	
Methylation Array (Infinium Methylation EPIC v2.0)					<input type="checkbox"/>	
Multimodal NGS Panel (DNA and RNA)					<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	