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Request for *EGFR* gene, ALK & ROS1 translocations and PD-L1 analysis of NSCLC tumour sample

**Referring clinician:** Please complete and forward this request to the Histopathology laboratory where the sample is stored as soon as possible.

**Histopathology:**Please send this form with samples to

*EGFR testing: Molecular Genetics Department, RILD Level 3, Royal Devon & Exeter NHS Foundation Trust, Barrack Road, Exeter EX2 5DW.*

*ALK/ROS1/PD-L1 testing: Department of Cellular Pathology, Royal Devon & Exeter NHS Foundation Trust, Church Lane, Exeter EX2 5AD*

Consultant Histopathologist: Dr M Powari (01392 402998) manish.powari@nhs.net)

Molecular Geneticist: Christopher Bowles (01392 408249) christopher.bowles@nhs.net)

**To be completed by referring clinician:**

**Patient details**

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| Surname:      | Clinician Name:      |
| First name(s):      | Hospital:      |
| Date of birth:      | Telephone:      |
| Gender:      | Email/Address for report: (nhs.net e-mail addresses only)      |
| NHS No.:      |
| Hospital No.:      | Date requested:      |

**To be completed by Histopathology Department:** Please fill in as fully as possible and tick boxes where appropriate.As the patient’s treatment is dependent upon the analysis,samples should be sent as soon as possible to the address above.

**Pathologist details**

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| Name:      |
| Report Format:Email: [ ] (nhs.net e-mail addresses only)Hard copy: [ ]  | Email/Address for report:      |

**Sample details**

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| Sample Type: FFPE: Resection [ ]  Biopsy [ ]  Site of Biopsy:       Clot [ ]  Clot site:      Cytology: EBUS [ ]  Effusion fluid [ ]  Site of Effusion:       | Fixation method:      |
| Confirmed non-small cell lung histology:Adenocarcinoma [ ]  Squamous [ ] Large cell [ ]  NSCLC NOS [ ]  | Block/Cytology number:      |

**Test request**

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| ***EGFR* analysis** [ ]  | Sample tumour content (please tick the appropriate box according to your assessment of the sample sent for analysis):**>50% tumour:** Please send 10x4 micron sections in an Eppendorf labelled with patient name, date of birth and block number. [ ] **<50% tumour:** Please send macro-dissected tumour material from 10x4 micron sections in an Eppendorf labelled with patient name, date of birth and block number. *Please note:* at least 30% of the sample should represent tumour tissue. [ ]  |
| **ALK IHC analysis** [ ]  | Please send block representative of tumour or Unstained sections with one H&E.For ALK and ROS1 – 2 recently cut unstained sections on TOMO slides (unbaked)For PDL1 – 2 recently cut unstained sections each on charged slides (unbaked). |
| **ROS1 IHC analysis** [ ]  |
| **PD-L1 IHC analysis** [ ]  |