

Request for EGFR mutation testing

(example form)

Patient details

Forname(s):
Surname:
DOB: Sex: M / F
Health No: Hospital No.
Address:
.....
.....
Postcode:

Referrer details

Consultant:
Date of request:
Address for reporting / invoicing:
.....
.....
Tel: Fax:
Email:
Report by: Email (an 'nhs.net' email account is required)
Fax (a 'Safe Haven' fax no is required)

Clinical details

(please select/delete as appropriate)

Is the patient chemo-naïve? Y / N
Proposed treatment for patient (select one)
1st line 1st line maintenance 2nd line 3rd line
Smoking status:
Never smoker Current/ex smoker _____ pack years
Patient ethnicity:

For pathology lab use

Pathologist:
Hospital/care:
Pathology block/sample to:
Insufficient sample remaining for testing
(If selected – please return completed form to referring oncologist)
Date sections sent to Mutation Testing lab:
Please confirm that tumour represents >30% of the sections sent: Y / N

For pathology lab use

Confirmed NSCLC? Y / N
Tumour Histology (select one)
Adenocarcinoma Squamous
Large cell NOS
Sample type:
(Please state source of the sample e.g. FNA, biopsy, cytology sample)
.....

- We require 10x10µM unstained unmounted sections from the tissue block containing the tumour sample
- If insufficient tissue available please contact the laboratory for advice
- Sections should be cut under conditions that prevent cross contamination from other specimens
- Sections should be sent in a single container manufactured under aseptic conditions e.g. Universal tube, 1.5mL Eppendorf tube
- Please clearly mark the container with at least 2 patient identifiers
- Samples should be despatched as soon as possible as the patient's treatment is dependent on the results of Molecular Genetic analysis
- Please send samples to the address at the letterhead above.