

Hospital of Origin: _____

Referring Clinician: _____

Address for reporting/invoicing
(if different from above):

Affix patient identification label in box below or complete details

Surname	Patient i.d.No.
Forename	D.O.B. DDMMYYYY
Address	NHS No.
	Sex. Male / Female
Postcode	

☐ NHS☐ PRIVATE

SPECIMEN DETAILS

Referring hospital reference number: _____

Number of stained slides sent: _____

Number of unstained slides sent: _____

Number of blocks sent: _____

Stained slides received: _____

Unstained slides received: _____

Blocks received: _____

CLINICAL DETAILS

Diagnosis: _____

Breslow thickness: _____mm

AJCC Stage of disease: _____

Site of biopsy: _____

Date of excision: DDMMYY

Is this a metastasis? ☐ No ☐ Yes

Site of primary (if applicable): _____

Date of excision of primary : DDMMYY

- BRAF analysis is normally performed on malignant melanomas of AJCC Stage IIB and above.
 - Please send a copy of the original histopathology report and representative stained slides.
 - The test requires an FFPE block to be sent with the request. If a block not available, please contact the RVI Immunohistochemistry lab on 0191 2824270.

Request sent: DDMMYY

Report required by: DDMMYY

Received: DD MM YYYY

Assigned to:

Typed by:

Blocks cut:

Issued:

Laboratory use only

Version 2 – 10/2/15