**MMR / HER2 TESTING REQUEST FORM**

|  |  |
| --- | --- |
| **PATIENT DETAILS** | **REFERRER DETAILS** |
| **Surname:** Click here to enter text. | **Consultant:** Click here to enter text. |
| **Forename(s):** Click here to enter text. | **Hospital:** Click here to enter text. |
| **D.O.B:** Click here to enter text. | **Phone:** Click here to enter text. |
| **Hospital No.** Click here to enter text. | **NHS.NET email:** Click here to enter text. |
| **NHS No:** Click here to enter text. |
| **Patient Address:** Click here to enter text. |
| **Copy of results to:** Click here to enter text. |
| **Postcode:** Click here to enter text. |

|  |  |
| --- | --- |
| **Local specimen number & block number(s)** | Click here to enter text. |
| **Specimen type** (tick all that apply) | FFPE [ ]  Cytology [ ]   | Biopsy [ ]  Resection [ ]  | Primary [ ]  Metastasis [ ]  |
| **Decalcification method** (if applicable)  | Click here to enter text. |
| **Clinical details** e.g. tumour type anddisease stage (if relevant) | Click here to enter text. |
| **Test request date** (of referring pathologist). *Gynae MMR requests only* | Click here to enter text. |
| Please ensure that all available clinical details including the **histopathology report** are provided.Failure to provide correct sample and required patient and clinical information may result in a delay to the request. |

|  |
| --- |
| **MISMATCH REPAIR IHC**  |
| *Requests accepted for oncology-decision making cases only. Lynch screening requests should be directed to NuTH Genetics for MSI testing.* |
| **Tissue type:** |  [ ]  Colo-rectal [ ]  HPB [ ]  Upper GI [ ]  Other (please state): Click here to enter text.  |
| [ ]  MMR IHC panel *FFPE block or 6 unstained sections* *(3-4µm, air-dried, unclipped charged slides, sections mounted to allow addition of a control)**Slides received that do not follow the above criterial will not be accepted.* |
| **GYNAE MISMATCH REPAIR TESTING (Endometrium)** |
| [ ]  MMR IHC panel *and* tissue sent for MLH1 hypermethylation if required *FFPE block required* |
| **HER2 TESTING** |
| **Tissue type:** |  [ ]  Breast [ ]  Gastric |
| [ ]  HER2 Immunohistochemistry (*and* follow-up ISH if 2+ IHC score) *FFPE block + HE*[ ]  HER2 ISH only *FFPE block + HE + HER2 IHC slide marked with 3 areas of interest* |

**Please send samples to:** Cellular Pathology, New Victoria Wing – Level 3, Royal Victoria Infirmary,

 Queen Victoria Road, Newcastle upon Tyne, NE1 4LP

**Contact for enquires:** Tel: **0191 2824445** Email: nuth.molecularadmin@nhs.net