

TUMOUR BRCA TEST REQUEST FORM

AstraZeneca and MSD are providing trusts governed by NHS England with tumour BRCA screening tests on ovarian cancer tumours*



LABORATORY: NORTH LONDON GENOMIC LABORATORY HUB (Royal Marsden)

Patient details (affix printed label if available)

Forename:	<input type="text"/>	DoB (DD/MM/YY):	<input type="text"/>
Surname:	<input type="text"/>	Sex:	M <input type="checkbox"/> / F <input type="checkbox"/>
NHS number:	<input type="text"/>	Hospital number:	<input type="text"/>

Referrers details

Name:	<input type="text"/>	Method of report:	
		Email* <input type="checkbox"/>	
		*Secure account required (@nhs.net)	
Position:	<input type="text"/>	Email (1):	<input type="text"/>
NHS hospital:	<input type="text"/>	Email (2):	<input type="text"/>
Department:	<input type="text"/>	Reporting address:	<input type="text"/>
Telephone number	<input type="text"/>		

Eligibility

I confirm the patient has newly diagnosed, advanced (FIGO stages III and IV) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer

OR

I confirm the patient has relapsed ovarian cancer (includes fallopian tube and primary peritoneal cancers) and has already received one treatment for their disease [i.e. patient is second line]

OR

I confirm the patient has relapsed ovarian cancer (includes fallopian tube and primary peritoneal cancers) and has already received at least two treatments for their disease [i.e. patient is third line or beyond]

What is the patient's germline BRCA status? Germline BRCA wild-type OR Germline status unknown

I confirm the patient understands purpose of test and appropriate consent has been obtained

Sample details/Pathology review

Pathologist:	<input type="text"/>	Pathology hospital:	<input type="text"/>
Block/sample number:	<input type="text"/>		

This form can be filled in electronically. Please fill in all sections. Once complete, print off and include with the sample that is sent to the lab. Please note there are two pages to this form. The lab will require both pages to be fully completed, printed and sent with the sample.

*This testing service is being offered in accordance with clause 18.1 of the Association of the British Pharmaceutical Industry's Code of Practice. The provision of this service is supported and funded by the AstraZeneca & MSD collaboration.
GB-21650; Date of preparation: May 2020

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Information for the pathology lab

Please forward on with this form:

- 6 x 10 micron air dried sections mounted on slides – sections should be cut under conditions that prevent cross contamination from other specimens.
- 1 x H&E stained slide with tumour area highlighted. **N.B. delays in testing may be encountered if the tumour area is not marked and tumour assessment provided.**
- Cytology samples can be accepted for tumour BRCA testing. It is essential that cells and tissue fragments from the cytology samples are processed into agar/cell blocks, formalin-fixed and paraffin embedded which **must** then undergo a Pathology assessment process as per tissue samples.
- Copy of histopathology report.

About the sample:

Tissue type: Biopsy / Resection / Primary / Metastasis

Date sample taken (DD/MM/YY): ____ / ____ / ____

Cellularity: High / Intermediate / Low

Neoplastic nuclei: High (>50%) / Intermediate (30-50%) / Low (<30%)

Necrotic: Yes / No

Please send this form and a copy of the histopathology report with the samples to:

Clinical Genomics, Molecular Diagnostics,
Centre for Molecular Pathology,
The Royal Marsden NHSFT,
15 Cotswold Road,
Sutton,
Surrey
SM2 5NG

In case of enquiry, please contact Molecular Diagnostics on **020 8915 6565**
or email: rmh-tr.moleculardiagnosics@nhs.net

Signature:

Date (DD/MM/YY):

Test result (to be completed by lab)

BRCA1 / BRCA2 / VUS BRCA1 / VUS BRCA2 / No mutation

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