

TUMOUR BRCA TEST REQUEST FORM



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

LABORATORY: ROYAL MARSDEN CLINICAL GENOMICS

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"/>	Preferred 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	<input type="checkbox"/>
OR	
I confirm the patient has ovarian cancer (includes fallopian tube and primary peritoneal cancers) and has already received two treatments for their disease [i.e. patient is third line]	<input type="checkbox"/>
What is the patient's germline BRCA status? Germline BRCA wild-type <input type="checkbox"/> OR Germline status unknown	<input type="checkbox"/>
I confirm the patient understands purpose of test and appropriate consent has been obtained	<input type="checkbox"/>

Sample details

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

GB-17981; Date of preparation: July 2019

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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
- Copy of histopathology report

About the sample:

Tissue type: Biopsy / Resection / Primary / Metastasis

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

Cellularity: High / Intermediate / Low

Tumour 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):

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