

Clinical Genomics

Soft-tissue tumour study request

| Patient name | Destination of report |
|---|---|
| | Name |
| Date of birth Gender | |
| D Male Female | Hospital |
| Hospital number | |
| | Department |
| NHS number | |
| | Address |
| Histopathology lab number Date taken | |
| | |
| Diagnosis/tumour type | |
| Stage | Copy report to NHS.NET contact |
| Specimen type | |
| Specimen type | Sender's contact name and phone or email details |
| The same transfer of the same | |
| Tissue type | |
| Biopsy Resection Primary Metastasis | FFPE block to be returned to (institution): |
| | , , |
| adds to the turnaround time. Please send a representative tissue block wi Select the Molecular and/or FISH tests required PCR FISH Tumour Alveolar rhabdomyosarcoma Alveolar Soft Part Sarcoma Angiomatoid FH Clear cell sarcoma | Please tick appropriate boxes according to your local pathology assessment of tissue sent for mutation screening Cellularity Tumour nuclei Necrotic High High (>50%) Yes Intermediate Intermediate (30-50%) No Low (<30%) |
| De-differentiated / Well-differentiated liposarcoma Desmoplastic SRCT E/S myxoid chondrosarcoma Endometrial stromal sarcoma Ewing sarcoma / PNET Infantile fibrosarcoma Inflammatory myofibroblastic tumour Low grade fibromyxoid sarcoma MRC liposarcoma Pulmonary myxoid chondrosarcoma Synovial sarcoma | Reason for study / comments Please give all clinical information that is relevant to the requested studies, and results of any similar studies done previously elsewhere. Is the patient NHS Private Other |
| Additional PCR Other (please specify) | Please provide details for billing if different from the destination of report |
| ### Other (please specify) ### KIT mutation analysis ### PDGFRA mutation analysis #### EWSR1-CREB1 #### EWSR1-ATF1 | |

Enabling personalised cancer medicine



In case of enquiry, please contact Clinical Genomics on 020 8915 6565 or Cytogenetics on 020 8722 4232. Clinical Genomics
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