

Clinical Genomics Soft-tissue tumour study request

Patient name

Date of birth

 / /

Gender

 Male Female

Hospital number

NHS number

Histopathology lab number

Date taken

 / /

Diagnosis/tumour type

Stage

Specimen type

Tissue type

 Biopsy Resection Primary Metastasis

Destination of report

Name

Hospital

Department

Address

Copy report to NHS.NET contact

Sender's contact name and phone or email details

FFPE block to be

returned to (institution):

Sample requirements (FFPE material):

Molecular (PCR) studies: Three 5-micron mounted sections (unstained). **FISH studies:** Two 2-micron mounted sections (unstained) per FISH test. Please provide an H&E stained section; if the tissue area is large, please outline the tumour. We can accept blocks and cut them here, but this adds to the turnaround time. Please send a representative tissue block with a return address.

Select the Molecular and/or FISH tests required

PCR FISH Tumour

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Alveolar rhabdomyosarcoma |
| <input type="checkbox"/> | <input type="checkbox"/> | Alveolar Soft Part Sarcoma |
| <input type="checkbox"/> | <input type="checkbox"/> | Angiomatoid FH |
| <input type="checkbox"/> | <input type="checkbox"/> | Clear cell sarcoma |
| <input type="checkbox"/> | <input type="checkbox"/> | De-differentiated / Well-differentiated liposarcoma |
| <input type="checkbox"/> | <input type="checkbox"/> | Desmoplastic SRCT |
| <input type="checkbox"/> | <input type="checkbox"/> | E/S myxoid chondrosarcoma |
| <input type="checkbox"/> | <input type="checkbox"/> | Endometrial stromal sarcoma |
| <input type="checkbox"/> | <input type="checkbox"/> | Ewing sarcoma / PNET |
| <input type="checkbox"/> | <input type="checkbox"/> | Infantile fibrosarcoma |
| <input type="checkbox"/> | <input type="checkbox"/> | Inflammatory myofibroblastic tumour |
| <input type="checkbox"/> | <input type="checkbox"/> | Low grade fibromyxoid sarcoma |
| <input type="checkbox"/> | <input type="checkbox"/> | MRC liposarcoma |
| <input type="checkbox"/> | <input type="checkbox"/> | Pulmonary myxoid chondrosarcoma |
| <input type="checkbox"/> | <input type="checkbox"/> | Synovial sarcoma |

Additional PCR

- KIT* mutation analysis
 PDGFRA mutation analysis
 EWSR1-CREB1
 EWSR1-ATF1

Other (please specify)

Please tick appropriate boxes according to your local pathology assessment of tissue sent for mutation screening

Cellularity

- High
 Intermediate
 Low

Tumour nuclei

- High (>50%)
 Intermediate (30-50%)
 Low (<30%)

Necrotic

- Yes
 No

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

Please provide details for billing if different from the destination of report

Enabling personalised cancer medicine



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

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