

CANCER MOLECULAR DIAGNOSTICS REQUEST FORM

PATIENT IDENTIFICATION		REQUESTOR DETAILS	
Surname:		Referring Consultant & Report Address:	
First Name:			
Address:			
Sex: M <input type="checkbox"/>	F <input type="checkbox"/>	U <input type="checkbox"/>	2 nd Referring Consultant & Report Address:
DOB:			
Hospital No:			
Health Insurance Status: Public <input type="checkbox"/>			
Private <input type="checkbox"/>			
SAMPLE DETAILS:			
Date of Sample:		External Ref No:	CMD No:
Sample Type: Peripheral Blood <input type="checkbox"/>		Bone Marrow Aspirate <input type="checkbox"/>	Fresh/Frozen Tissue <input type="checkbox"/>
Paraffin Section <input type="checkbox"/>		Paraffin Block <input type="checkbox"/>	Buccal Swab <input type="checkbox"/>
Other (please specify):			
Biopsy/section site details:			
DIAGNOSIS / CLINICAL DETAILS :			
REQUIRED TEST:			
Solid Tumour Requests:		Lymphoid (mature) Requests:	Chimerism:
Colorectal Cancer Panel <input type="checkbox"/> Lung Adenocarcinoma Panel <input type="checkbox"/> GIST Panel <input type="checkbox"/> Melanoma Panel <input type="checkbox"/> cfDNA EGFR T790M mutation <input type="checkbox"/> <i>See Solid Tumour service user handbook for full panel details</i>		B-cell clonality screen <input type="checkbox"/> T-cell clonality screen <input type="checkbox"/> BCL1-JH t(11;14) <input type="checkbox"/> BCL2-JH t(14;18) <input type="checkbox"/> IgVH mutation status <input type="checkbox"/> TP53 Mutational Analysis <input type="checkbox"/> <i>Please provide immunophenotype and histology report</i>	PB/BM Unfractionated <input type="checkbox"/> CD3+ Fractionated <input type="checkbox"/> Provenance Analysis <input type="checkbox"/> Bank: DNA <input type="checkbox"/> RNA <input type="checkbox"/>
Myeloid/Acute Leukaemia Requests:			
MPN:		AML:	
BCR-ABL1 (p210) Qualitative <input type="checkbox"/> BCR-ABL1 (p210) Quantitative <input type="checkbox"/> ABL Kinase Domain Mutation <input type="checkbox"/> JAK2 V617F <input type="checkbox"/> CALR <input type="checkbox"/> MPN Panel <input type="checkbox"/>		FLT3-ITD <input type="checkbox"/> NPM1 <input type="checkbox"/> RUNX1-RUNX1T1 <input type="checkbox"/> CBFB-MYH11 <input type="checkbox"/> PML-RARA <input type="checkbox"/> ALL: BCR-ABL1 (p190/p210) Qualitative <input type="checkbox"/> BCR-ABL1 (p190/p210) Quantitative <input type="checkbox"/>	
Other (Clinical Trial/Research Use Only) Please state:			

INSTRUCTION FOR SUBMITTING SAMPLES TO CANCER MOLECULAR DIAGNOSTICS

LABELLING STANDARDS- A minimum of 3 identifiers must be provided to check the sample against the accompanying request form.

Specimen Mandatory requirements	Request form Mandatory requirements
- Patient's full name - Date of birth / Hospital number - Date and time sample was taken	- Patient's full name - Date of birth / Hospital number - Requesting doctor and report address - Diagnosis and required test - Sample type

SPECIMEN REQUIREMENTS: (please refer to CMD lab user guide for further information

<http://search.stjames.ie/labmed>).

All samples for molecular testing should arrive in the laboratory as soon as possible post collection or if appropriate, refrigerated at 4 °C until dispatched.

Myeloid/Acute Leukaemia Requests:

Peripheral Blood (PB): 9ml in EDTA (purple top) tube.

Bone marrow (BM): 9ml in RPMI medium.

All PB/BM samples for RNA studies (*BCR-ABL1*, *ABL1* Kinase Domain Mutation, *RUNX1-RUNX1T1*, *CBFB-MYH11* and *PML-RARA*) must be received within 24 hours of sampling. Please ensure all samples for RNA studies are delivered by 15.00 hrs on Fridays.

Chimerism:

Peripheral Blood (fractionated): 9ml in EDTA (purple top) tube.

Peripheral Blood (unfractionated): 1ml in EDTA (purple top) tube.

Bone marrow: 1ml in RPMI medium.

Buccal swab: Specimen in a dry sterile tube.

Lymphoid Requests:

Peripheral Blood: 9ml in EDTA (purple top) tube & immunophenotyping report.

Bone marrow: 9ml in RPMI medium & immunophenotyping report.

Please send slide if morphology assessment is required.

Paraffin block: Please send accompanying histology report. BM trephines and decalcified material are not suitable for molecular analysis.

Fresh/frozen tissue: Specimen in saline dampened gauze.

Solid Tumour requests:

Paraffin section/block: Minimum acceptable tumour percentage is 10% for mutation calling using lung, colorectal and melanoma panels, however, this may not be optimal for other tests such as gene fusions, therefore, a neoplastic cell content of >50% is recommended where possible.

All requests must be accompanied by a representative H&E stained slide which will be retained by the CMD laboratory.

CfDNA for EGFR mutation analysis: Please send >16mls PB in cfDNA collection tubes.

PLEASE NOTE: External requests for testing on blocks retained by the Department of Histopathology, St James's Hospital must be submitted on a request form specifying the case number to be tested. If multiple cases are on file please note this in the clinical details section indicating the preferred sample to be tested.

PLEASE SEND ALL SAMPLES TO:

Cancer Molecular Diagnostics
Central Pathology Laboratory (CPL) Building,
St James's Hospital,
Dublin 8

An INAB accredited Medical Testing Laboratory, Registration Number 327MT

