Molecular Neuropathology Request Form

Please send requests to: [kch-tr.molecularneuropathology@nhs.net](mailto:kch-tr.molecularneuropathology@nhs.net)

Please send blocks, slides or RNALater treated fresh tissue with this form and copy of the histology report to: Department of Clinical Neuropathology, 1st Floor, Academic Neuroscience Centre, King’s College Hospital, Denmark Hill, London SE5 9RS.

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| **Patient Identifiers** | | | |
| Patient Surname |  | Patient Forename |  |
| Hospital No. |  | Date of Birth |  |
| NHS No. |  | Sex |  |
| Clinical details |  | | |

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| **Sample Details** | | | | | | | |
| Biopsy Number |  | | | Tissue type | | FFPE/FF | |
| Date of biopsy/resection |  | | | Tumour content (%) | |  | |
| Referred material | FF |  | Block |  | Slides (10 slides, 10 µm) | |  |
| Provisional Diagnosis |  | | | | | | |

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| **Tests Required** | |
| *MGMT* Methylation status |  |
| Methylation Array (850k Illumina EPIC array) |  |
| Multimodal NGS Panel |  |

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| **Additional Details** |
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| **Requester Details** | |
| Reporting Pathologist |  |
| Date of request |  |
| Hospital Name |  |
| Address for return of block |  |
| Telephone Number |  |
| Requesting Clinician |  |
| NHS.net e-mail |  |
| CC e-mail (optional) |  |