**Molecular Pathology Request Form**

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| Please send requests to | **Molecular Neuropathology Laboratory**Division of Neuropathology | UCL Queen Square Institute of Neurology | Queen Square |London WC1N 3BG | email: UCLH.molecular.neuropathology@nhs.net |
| Web address for further information and form download | <https://www.ucl.ac.uk/ion/divisions/neuropathology/diagnostic_services/molecular_tests>**.** **Always print this form and send with the sample. Do not alter this form.** |
| **For Laboratory use only NH number:** |  Time stamp |
| **Test requested** | **Recommended for** | **Test method** |
| 1p, 19q, 10q, 7p (EGFR), CDKN2A/B; IDH1, IDH2, H3F3A (Histone H3.3 K27M and G34R), TERT, BRAF V600E |[ ]  **Low and high grade glial tumours:** IDH mutant Astro and oligo, test infiltration zone of GBM, other glio-neuronal tumours | **Copy number assay****Sequencing**  |
| IDH1, IDH2, TERT, H3F3A (Histone H3.3 K27M and G34R), BRAF V600E |[ ]  **Low and high grade astrocytic tumours**:To identify IDH-wildtype GBM in under-sampled biopsies; differentiate IDH-mutant gliomas from other glial tumours | **Sequencing** |
| Histone K27M immunostain |[ ]  Midline glioma | **IHC** |
| EGFR amplification only |[ ]  EGFR amplification, e.g. for clinical trials | **Real time PCR** |
| EGFR amplification + EGFRvIII |[ ]  EGFR ampl and EGFR vIII mutation e.g. for clinical trials | **Real time PCR** |
| KIAA1549-BRAF fusion mutations, BRAF V600E |[ ]  Pilocytic/pilomyxoid astrocytomasDiffuse leptomeningeal glioneuronal tumour | **RT-qPCR:** KIAA1549-BRAF **Sequencing:** BRAF |
| BRAF V600E only |[ ]  Ganglioglioma, Gangliocytoma, PXA, Epithelioid GBM; Melanoma | **Sequencing** |
| MGMT promoter methylation |[ ]  Any tumour (in practice mainly GBM) undergoing treatment with Temozolamide | **HRM PCR**  |
| Illumina 850k methylation array, algorithmic classification.  |[ ]  To classify brain tumours using the Heidelberg (DKFZ) brain tumour methylation classifier <https://www.molecularneuropathology.org/mnp>  | **Methylation array** **Requires FFPE block and pathology report** |
| Test tbc |[ ]  Leave decision to molecular pathology team (for complex, unclear and other referrals) | **Requires FFPE block and pathology report** |
| **Patient details** |
| First name |   | Gender  | M | F |
| Surname |   |
| Date of birth |   |
| Patient Address |   |
| NHS Number |   |
| Tumour location |   |
| Referred diagnosis |   |
| Referred material | **Block** [ ]  **4 slides (4µm) and 8-10 slides (10µm)** [ ]  |   |  |  |  |
| Referral Pathology ID and block number |   |  | **4 slides (4µm) and 8-10 slides (10µm)** |  |  |
| **Details of the referring hospital and clinician** |
| Hospital |   |
| Address |   |
| Postcode |   |
| Consultant name |   |
| **Consultant email (Report will be sent to this email)** |   |
| **Address to return material** |   |

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