Source BioScience

MOLECULAR DIAGNOSTICS TEST REQUISITION FORM [Mutation Analysis/PCR/IHC/ISH]

Source BioScience Reference Laboratory [0115 973 9056 / reflab@sourcebioscience.com]

TEST SELECTION			
☐ **KRAS**	☐ **NRAS**	☐ **BRAF**	☐ **EGFR**
☐ **HER2 (IHC/ISH)**	☐ **HER2 (ISH only)**	☐ **ER (IHC)**	☐ **PR (IHC)**
☐ **MSI (PCR)**	☐ **MLH1 Promotor Methylation**		☐ **Lung Fusions Panel (PCR)**
☐ **MMR (IHC)**	☐ **PD-L1 (IHC)**	☐ **ALK (IHC)**	☐ **ROS1 (IHC)**
☐ **OTHER (Please specify):**			
FOR 'OTHER' IHC REQUESTS:	☐ **STAIN AND REPORT**		☐ **STAIN ONLY**

PRIMARY TUMOUR TYPE				
☐ **Colorectal**	☐ **Melanoma**	☐ **Lung**	☐ **Breast**	☐ **Gastric**
Other (Please specify):				

PATIENT INFORMATION	SAMPLE INFORMATION	
LAST NAME:	BLOCK ID/HISTOLOGY No.:	
FIRST NAME:	No. BLOCKS SENT:	No. SLIDES SENT:
DATE OF BIRTH:	ADDITIONAL COMMENTS:	
☐ FEMALE ☐ MALE		

PERMISSIONS

☐ **For blocks which contain limited tissue it may be necessary to use all remaining tissue. If you DO NOT give permission for this practice, please mark this box.**

☐ **If multiple blocks are submitted, all blocks will be tested by default; if 'best block' selection is required please mark this box.**

SENDER INFORMATION	
NAME:	ADDRESS:
DEPARTMENT:	
PHONE NUMBER:	
SIGNATURE:	DATE:

(FOR INTERNAL USE ONLY) **RESULTS**				
HER2 - IHC	☐ **0**	☐ **1+**	☐ **2+**	☐ **3+**
COMMENTS:				
SIGNED:			DATE:	