

<p><b>Patient and sample details:</b></p> <p>Name: _____</p> <p>Date of birth: / /      Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Hospital No. _____</p> <p>NHS No. _____</p> <p>Histopathology Lab No. _____</p> <p>Date taken: / /</p> <p>Diagnosis/tumour type: _____ Stage: _____</p> <p><b><i>Please provide a copy of the histopathology report</i></b></p> <p>Specimen type: _____</p> <p>Tissue type: Biopsy <input type="checkbox"/> Resection <input type="checkbox"/>                            Primary <input type="checkbox"/> Metastasis <input type="checkbox"/></p>	<p><b>Destination of report:</b></p> <p>Name: _____</p> <p>Hospital: _____</p> <p>Department: _____</p> <p>Address: _____          _____          _____          _____</p> <p>Copy report to (NHS.NET contact): _____</p> <p>Sender's contact name and phone/email details: _____</p>
<p><input type="checkbox"/> NHS patient    <input type="checkbox"/> Private patient    <input type="checkbox"/> Other</p> <p>Please provide details for billing information if different from the requesting hospital above.</p>	

**MLH1 promoter hypermethylation**     

**MSI testing**     

Please send **1 H&E section** with the tumour area clearly marked and **5 x 10 µm mounted sections** (unstained, uncharged)

**Please tick appropriate boxes and send samples to the address above**

**IHC results:**

- Loss of MSH2/MSH6       Loss of MLH1/PMS2
- Other – please specify: \_\_\_\_\_

*Please tick the appropriate box according to your local pathology assessment of the tissue sent for testing:*

Cellularity:     High     Intermediate     Low       Very Low

Neoplastic nuclei:     >70%     50-70%     30-50%     20-30%     10-20%

Necrotic:     YES     NO      High Melanin content:     YES     NO