

PAEDIATRIC CANCER

Specialist Integrated Haemato-Oncology & Malignancy Service -
Acquired Genomics (SIHMDS.AG)
Level 4 Barclay House
37 Queen Square
London
WC1N 3BH

Standard of Care Testing
PLEASE USE FOR NON-WGS TESTS

gos-tr.pmu@nhs.net

Patient first name		Ethnicity	
Patient last name		Test Directory Clinical Indication	
Date of birth (dd/mm/yyyy)	Hospital number	Further clinical details	
Postcode	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
NHS number			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Presentation status			
Tumour content (%)	<input type="radio"/> First diagnosis <input type="radio"/> Recurrence/relapse <input type="radio"/> Unknown <input type="radio"/> Other (details below)		
Additional tumour info			
Molecular test(s) requested		Cytogenetic test(s) requested	
<input type="radio"/> RNA fusion panel <input type="radio"/> Targeted DNA NGS panel <input type="radio"/> SNP array <input type="radio"/> Methylation array (neuropathology classifier)		<input type="radio"/> Karyotype <input type="radio"/> FISH	
Sample(s) for molecular testing		Sample(s) for cytogenetic testing	
<input type="radio"/> Bone marrow (EDTA) <input type="radio"/> Peripheral blood (EDTA) <input type="radio"/> Frozen tissue <input type="radio"/> FFPE tissue (5-10µM)		<input type="radio"/> Peripheral blood (lithium heparin) <input type="radio"/> Bone marrow (lithium heparin) <input type="radio"/> FFPE sections (2-4µM) <input type="radio"/> Other (details below)	
Referrer information		Additional information (if required)	
Name: Dept: Hospital: Phone: Email:			

In submitting the sample the referring clinician confirms that consent for testing and possible storage has been obtained