

Solid Malignancy Diagnostic Service

Please send samples to: Solid Malignancy Diagnostic Service Team North East & Yorkshire Genomic Laboratory Hub (NEY GLH), Central Lab Genomic Specimen Reception (Histopathology Department) Bexley Wing (Level 5) St James's University Hospital Beckett Street Leeds, LS9 7TF		Contact details for enquires: Histopathology: 0113 2067594 leedsth-tr.leedsmolecularthistology@nhs.net Genetics: 0113 2064570 mod.lth@nhs.net https://www.leedsth.nhs.uk/a-z-of-services/the-leeds-genetics-laboratory/oncology-genetics/molecular-oncology/	
PATIENT DETAILS/Patient ID label		Referrer details	
Surname:		Consultant:	
Forename(s):		Hospital:	
D.O.B.:		Phone:	
NHS No:		nhs.net email:	
Sex:		Copies of results to:	
Patient's Address:			
Postcode:			
Local specimen number and block number(s)			
Specimen type (tick all that apply)	FFPE <input type="checkbox"/> Fresh <input type="checkbox"/> Cytology <input type="checkbox"/> Biopsy <input type="checkbox"/> Resection <input type="checkbox"/> Primary <input type="checkbox"/> Metastasis <input type="checkbox"/>		
Clinical details e.g. tumour type and disease stage (if available)			
To ensure a timely report is issued, please ensure that all available clinical details, including the histopathology report are provided (if appropriate) and it is clear where the block(s) are located if they are not being sent with the request form			
Please specify test/s required:			
IHC			
FISH			
Mutation			
RNA Studies			
Other			
Requested by:		Date of request:	
To be completed by referring histopathology lab			
Date of receipt:	Assessed by:	Lab number:	
Review of tumour type:			
Tumour nuclei within circled area(s):	%		
Necrosis:	%		
Overall Cellularity:	Very low <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high <input type="checkbox"/>		