LTHT: Cellular Pathology Change Request Form

Please select the most appropriate form and complete it fully to avoid delays in processing. Once submitted, the Cellular Pathology department will review the request and contact you with the outcome.

* Required

* This form will record your name, please fill your name.

1. Select the most appropriate form for your request: *

- ◯ Internal Diagnostic Change Request - To be used for change requests within the LTHT Cell Path Department
- ◯ External Diagnostic Change Request - To be used for diagnostic change requests from outside of LTHT Cell Path Department
- ◯ External Work Request - To be used for requesting Cell Path services

Cellular Pathology Internal Change Request

2. Requester Name: *

3. Position: *

4. Speciality: *

5. Email: *

6. Name of Test: *

7. Short Description of Test: *

8. Is this test already registered with NICE? (if applicable) *

9. If this test is part of a Clinical Trial / Research Study, provide details of the trial or study and state if further details will be provided on request? *

10. Does this have the support of the pathologists in the requesting specialty? *

11. What are the advantages for the patients in using this new test? *

12. Please state any existing test(s) this will replace: *

13. What are the options if this test was not available? *

14. Please describe the proposed diagnostic pathway including new test / procedure: *

15. Will any groups of patients be excluded from this treatment option? *

16. How many of the proposed new tests would be carried out per annum and how many patients does this equate to? (Please detail where the anticipated numbers are derived from to ensure there is Pathologist reporting capacity for the proposed new test) *

17. If this test is replacing an existing test, how many existing tests will no longer be requested? *

18. Will the Trust receive any new income stream due to the change in testing? *

19. Are there any associated risks that Cell Pathology need to consider? *

Cellular Pathology External Change Request

20. Requester Name: *

21. Position: *

22. Department / Speciality: *

23. Clinical Service Unit: *

24. Email: *

25. Name of Test: *

26. Short Description of Test: *

27. Is this test already registered with NICE? (if applicable) *

28. If this test is part of a Clinical Trial / Research Study, provide details of the trial or study and state if further details will be provided on request? *

29. Does this have the support of the wider-consultant body in the requesting CSU? *

30. What are the advantages for the patients in using this new test? *

31. Please state any existing test(s) this will replace: *

32. What are the options if this test was not available? *

33. Please describe the proposed diagnostic pathway including new test / procedure: *

34. Will any groups of patients be excluded from this treatment option? *

35. How many of the proposed new tests would be carried out per annum and how many patients does this equate to? (Please detail where the anticipated numbers are derived from to ensure there is Pathologist reporting capacity for the proposed new test) *

36. If this test is replacing an existing test, how many existing tests will no longer be requested? *

37. Will the Trust receive any new income stream due to the change in testing? *

38. Are there any associated risks that Cell Pathology need to consider? *

Cellular Pathology External Work Request

39. Requester Name: *

40. Job Title / Position: *

41. Organisation Details (include organisation name, dept / unit and full address): *

42. Email: *

43. Type of Request: *

Histopathology Reporting

Specialist / Expert Opinion

Immunohistochemistry (IHC)

Molecular Pathology

Testing Digital

Slide Review

Second Opinion

Cytopathology Reporting

Autopsy Material Review

Clinical Trial / Research

Study Support

Teaching/Education Material

Other

44. Describe fully what work is required: *

45. What is the requested activity per month or per annum? (Please provide full details to ensure LTHT Cell Path can conduct feasibility) *

46. Would you like to receive our tariffs information to help you plan funding for the requested work? *

47. Level of Urgency: *

Routine

Urgent

Cancer Pathway

Clinical Trail / Research Study Timelines

Other