

**SOMATIC VARIANT ANALYSIS REQUEST FORM – MULTI-GENE**

Sarah Cannon Molecular Diagnostics  
 Ground Floor, Shropshire House  
 1 Capper Street, London WC1E 6JA



Part of HCA Healthcare UK

TEL: +44 (0)203 794 1920

EMAIL: [info@sarahcannon-md.co.uk](mailto:info@sarahcannon-md.co.uk)

Web: [www.sarahcannon-md.co.uk](http://www.sarahcannon-md.co.uk)

**FOR LABORATORY USE ONLY**

<b>SCMD No:</b>	<b>Received by:</b>	<b>Prepared by:</b>	<b>Received:</b> (Date/Time)
-----------------	---------------------	---------------------	---------------------------------

**INDIVIDUAL AUTHORISING REQUEST (e.g. Clinician / Pathologist)**

<b>Name:</b>	<b>Address:</b>
<b>Phone:</b>	

**DESTINATION FOR ANALYSIS REPORT (ESSENTIAL – Results may be delayed if not completed)**

<b>Name:</b>	<b>Address:</b>
<b>Phone:</b>	
<b>Note: If as above please tick here</b> <input type="checkbox"/>	

**Required Method(s) for Report Delivery** (please tick all that apply):    Post     Fax     Email

<b>Results Fax number(s):</b>	<b>Results e-mail(s):</b>
-------------------------------	---------------------------

**INVOICING DETAILS (ESSENTIAL – Results may be delayed if not completed in full)**

<b>Contact name:</b>	<b>Full Organisation Name and Postal Address:</b>
<b>Phone:</b>	
<b>Email:</b>	
<b>Note: An authorisation code is mandatory if providing private medical insurance details</b>	

**PATIENT DETAILS (At least 3 unique identifiers are mandatory)**

<b>Surname:</b>	<b>Forename:</b>	<b>DOB (DD/MM/YY):</b>	<b>Gender:</b> M <input type="checkbox"/> F <input type="checkbox"/>
<b>Hospital Name:</b>	<b>Surgical Case ID:</b>	<b>Hospital Number:</b>	<b>Requester Ref (if applicable):</b>

**SAMPLE / PATHOLOGY DETAILS (Please provide as much information as possible)**

<b>Material Supplied:</b> (see website for tissue requirements)	<b>Estimated % of tumour nuclei (required for curls/DNA)</b>		
<b>FFPE Block</b> <input type="checkbox"/>	<b>Unstained Slides</b> <input type="checkbox"/>	<b>5-20%</b> <input type="checkbox"/>	<b>51-75%</b> <input type="checkbox"/>
<b>Sections 'curls'</b> <input type="checkbox"/>	<b>Other:</b> _____ <input type="checkbox"/>	<b>21-50%</b> <input type="checkbox"/>	<b>&gt;75%</b> <input type="checkbox"/>
<b>Primary Tumour Site:</b>	<b>Tumour Sub-Type:</b>	<b>Tissue Sample Supplied:</b>	

**Address for return of FFPE block or other unused material:**

**Note: If left blank, material will be returned to the same address as specified for the analysis report.**

**ANALYSIS REQUIRED (See website for full details of each assay)**

<b>MGP-1: (22-gene panel)</b>  <input type="checkbox"/> AKT1, ALK, BRAF, CTNNB1, DDR2, EGFR, ERBB2, ERBB4, FBXW7, FGFR1, FGFR2, FGFR3, KRAS, MAP2K1, MET, NOTCH1, NRAS, PIK3CA, PTEN, SMAD4, STK11, TP53	<b>MGP-2: (50-gene panel)</b>  <input type="checkbox"/> ABL1, AKT1, ALK, APC, ATM, BRAF, CDH1, CDKN2A, CSF1R, CTNNB1, EGFR, ERBB2, ERBB4, EZH2, FBXW7, FGFR1, FGFR2, FGFR3, FLT3, GNA11, GNAS, GNAQ, HNF1A, HRAS, IDH1, IDH2, JAK2, JAK3, KDR, KIT, KRAS, MET, MLH1, MPL, NOTCH1, NPM1, NRAS, PDGFRA, PIK3CA, PTEN, PTPN11, RB1, RET, SMAD4, SMARCB1, SMO, SRC, STK11, TP53, VHL	<b>MGP-3 (small variants &amp; fusions):</b>  <input type="checkbox"/> Small scale variants: AKT1, ALK, AR, BRAF, CDK4, CTNNB1, DDR2, EGFR, ERBB2, ERBB3, ERBB4, ESR1, FGFR2, FGFR3, GNA11, GNAQ, HRAS, IDH1, IDH2, JAK1, JAK2, JAK3, KIT, KRAS, MAP2K1, MAP2K2, MET, MTOR, NRAS, PDGFRA, PIK3CA, RAF1, RET, ROS1, SMO. Fusions: ALK, ROS1, RET (20 further fusion genes are also assessed for <b>research use only</b> , please see our website).
--	--	--