

**SOMATIC VARIANT ANALYSIS REQUEST FORM-SINGLE GENE**

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**FOR LABORATORY USE ONLY**

<b>SCMD No:</b>	<b>Received by:</b>	<b>Prepared by:</b>	<b>Received:</b> (Date/Time)
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**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>	
Note: If as above please tick here <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>
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**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>	
Note: An authorisation code is mandatory if providing private medical insurance details	

**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>		
FFPE Block <input type="checkbox"/>	Unstained Slides <input type="checkbox"/>	5-20% <input type="checkbox"/>	51-75% <input type="checkbox"/>
Sections 'curls' <input type="checkbox"/>	Other: _____ <input type="checkbox"/>	21-50% <input type="checkbox"/>	>75% <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>BRAF:</b> <input type="checkbox"/> Analysis of codon 600 variants. Uses Therascreen CE-IVD test from Qiagen.	<b>BRAF:</b> (Rapid - 2 working days*) <input type="checkbox"/> Analysis of codon 600 variants. Uses Idylla CE-IVD test from Biocartis. * subject to sample suitability	<b>Colorectal Screen:</b> (Rapid - 2 working days*) <input type="checkbox"/> Analysis of KRAS with reflex to NRAS (extended RAS screen) & BRAF Codon 600 variants in KRAS wildtype cases. Uses Idylla CE-IVD tests from Biocartis. * subject to sample suitability	<b>EGFR:</b> (Rapid - 2 working days*) <input type="checkbox"/> Analysis of common EGFR variants with associated therapeutic indications. Uses Idylla CE-IVD test from Biocartis. * subject to sample suitability
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