

SOMATIC VARIANT ANALYSIS REQUEST FORM-SINGLE 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

Web: www.sarahcannon-md.co.uk

FOR LABORATORY USE ONLY

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

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

Name:	Address:
Phone:	

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

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

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

Results Fax number(s):	Results e-mail(s):
-------------------------------	---------------------------

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

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

PATIENT DETAILS (At least 3 unique identifiers are mandatory)

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

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

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

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)

BRAF: <input type="checkbox"/> Analysis of codon 600 variants. Uses Therascreen CE-IVD test from Qiagen.	BRAF: (Rapid - 2 working days*) <input type="checkbox"/> Analysis of codon 600 variants. Uses Idylla CE-IVD test from Biocartis. * subject to sample suitability	Colorectal Screen: (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	EGFR: (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
--	--	---	--