

MICROSATELLITE INSTABILITY (MSI) REQUEST FORM

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FOR LABORATORY USE ONLY

SCMD No:	Received by:	Prepared by:	Received: (Date/Time)
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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):
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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/YYYY):	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Hospital Name:	Surgical Case ID: including block number(s)	Hospital Number:	Requester Ref: (if applicable)

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

NOTE: This assay requires specimens containing >20% tumour nuclei.

Material Supplied: (see website for tissue requirements) FFPE Block Unstained Slides	Estimated % of tumour nuclei in tumour component	
	< 20% (reject) 21-50%	51-75% >75%
Primary Tumour Site: (e.g. Colorectal)	Tumour Sub-Type: (e.g. Adenocarcinoma)	Tissue Sample(s) Supplied: (e.g. colon biopsy)

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.

Clinical Context (Please tick one box only)

<input type="checkbox"/> Lynch Syndrome Pre-Screen (MS-Stable / MSI-Low / MSI-High)	<input type="checkbox"/> Sensitivity to Immunotherapy (MSI-High – Indicative of potential response to immune checkpoint inhibitor therapy)
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