MOLECULAR PATHOLOGY REQUEST FORM

UCLAdvanced Diagnostics

LAB QC (INITIAL)

1. Receipt_____

2. Prep _____

3. Report _____

Sarah Cannon UCL-AD Molecular Profiling
Shropshire House
Capper Street, London WC1E 6JA

Phone: 020 7679 9349
Email:molecular@uclad.com
Website: www.uclad.com

PLEASE INDICATE THE MOLECULAR TEST(S) REQUIRED

B CELL CLONALITY ☐ **T CELL CLONALITY** ☐ **B + T CELL CLONALITY** ☐

FOR LABORATORY USE ONLY

Molecular number:_____ Material received:_____

Price (to be invoiced):_____ Date received : _____

PATIENT/SAMPLE DETAILS

SURNAME:_____ UCLH SURGICAL NO:_____

FORENAME:_____ EXTERNAL SURGICAL NO: _____

DOB:_____ **M** ☐ **F** ☐ UCL-AD NO: _____

BIOPSY SITE: _____ DIAGNOSIS: _____

Please send a histology report and a H&E slide along with your request form.

REFERRING HOSPITAL/INVOICING DETAILS

REQUESTING CONSULTANT DETAILS

CONSULTANT:_____

ADDRESS:_____

_____

_____

PHONE:_____

FAX:_____

Please tick if a fax result is required ☐

NB. Reports can only be sent to a secure fax line; by ticking this box you are indicating the line is secure.

E-MAIL:_____

Please tick if an e-mail result is required ☐

Please note that the report shall be sent to the requesting consultant only.

INVOICING DETAILS (if different from requesting details)

CONTACT NAME:_____

ORGANISATION:_____

ADDRESS:_____

_____

_____

ADDRESS FOR RETURN OF MATERIAL (if different from requesting details)

_____

_____

_____

Please note, if this area is left blank, all tissue will be returned to the requesting consultant.