NHS Grampian GEN FORM 149

## REQUEST TO PATHOLOGY FOR SAMPLES FOR GENETIC TESTING

Please send material to: North East Scotland Genetics Service, NHS Grampian, Polwarth Building, Foresterhill, Aberdeen AB25 2ZD <a href="www.nhsgrampian.org/medicalgenetics">www.nhsgrampian.org/medicalgenetics</a> Tel: 01224 553893 / 553820 Email: <a href="mailto:gram.molgen@nhs.scot">gram.molgen@nhs.scot</a>

Patient Information									
Forename:			Surname:						
CHI No.:			Date of Birth:			Male / Female (Circle as appropriate)			
Address ( <u>must</u> include postcode):						Postcode:	Postcode:		
Pedigree No. (if known):				Genetics Reference No. (if known):					
Requester Details									
Requesting Clinician:			of Request to Genetics:						
Hospital:				Department:					
Clinical Scientist:				Date of Request to Pathology:					
Reason for request (see below and clinical request form):								pt.:	
Requested Sample Information (PATHOLOGY TO COMPLETE)									
External Pathology No. (If appropriate):	Aberdeen Pathology No. (please include PB/PD):	Block / Part No.:		Estimation of Tumour		Tumour* / Normal (score out as appropriate)	Scrape all/ Marked area (score out as appropriate)		
External Pathology No. (If appropriate):	Aberdeen Pathology No. (please include PB/PD):	Block / Part No.:		Estimation of Tumour %:		Tumour* / Normal (score out as appropriate)	Scrape all/ Marked area (score out as appropriate)		
*Tumour tissue: estimation of tumour content is essential and macrodissection to maximize tumour content is desirable, where possible.									
Tumour Type: (Please tick)	Breast			Tissue Type:	Tum	nour Only			
	Ovary		(	(Please tick)		Normal Only			
	Colon				Tumour & Normal Tissue				
	Other:			l		known			
Pathologist performing assessment:									
				Pathology number(s) for External Blocks only (for Pathology Dept. only):					
3 x 5μM unstained, glass slides					- (-,	,,	() - · · · · · · · · · · · · · · · · · ·	,,-	
3 x 2μM unstained, charged slides and 1 x H&E				AFFIX LABEL(s) HERE					
3 x 4μM unstained, charged slides and 1 x H&E									
All followed by 1 x final slide for H&E (for Pathology dept. only)			)						
Tissue block				_					
Other (please state):									
Pathology Audit trail ( 2 staff members must check that the correct block is cut and slides labelled cor								ne**	
Date request received:  Block collected/Apex checked:		Block	ck cut by:  Block / Slides label checked:  QA1:- QA2:-						
Date given to Pathologist for marking:				Date to Genetics:					