

PAEDIATRIC CANCER

Specialist Integrated Haemato-Oncology & Malignancy Service -
Acquired Genomics (SIHMDS.AG)
Level 4 Barclay House
37 Queen Square
London
WC1N 3BH

Standard of Care Testing
PLEASE USE FOR NON-WGS TESTS

gos-tr.pmu@nhs.net

Patient first name		Ethnicity	
Patient last name		Test Directory Clinical Indication	
Date of birth (dd/mm/yyyy)	Hospital number	Further clinical details	
Postcode	Male Female Other		
NHS number			
Date sample taken: Histopathology reference number:			
Presentation status			
Tumour content (%)		First diagnosis	
Additional tumour info		Recurrence/relapse	
		Unknown	
		Other (details below)	
Molecular test(s) requested		Cytogenetic test(s) requested	
RNA fusion panel		Karyotype	
Targeted DNA NGS panel		FISH	
SNP array			
Methylation array (neuropathology classifier)			
Sample(s) for molecular testing		Sample(s) for cytogenetic testing	
Bone marrow (EDTA)		Peripheral blood (lithium heparin)	
Peripheral blood (EDTA)		Bone marrow (lithium heparin)	
Frozen tissue		FFPE sections (2-4µM)	
FFPE tissue (5-10µM)		Other (details below)	
Referrer information		Additional information (if required)	
Name:			
Dept:			
Hospital:			
Phone:			
Email:			

In submitting the sample the referring clinician confirms that consent for testing and possible storage has been obtained