



Molecular Histopathology Test Request Form



Test Required (Please tick):

- ☐ KRAS ☐ NRAS ☐ BRAF ☐ EGFR ☐ ALK
☐ MMR IHC (with MSI as indicated) ☐ MSI (only/regardless of MMR status)
☐ HER2 ISH ☐ HER2 IHC
OTHER:

Instructions:

- Please complete all fields below providing at least 3 unique patient identifiers.
- Refer to the RCSI Molecular Histopathology User Manual for details of specimen requirements for the different tests. The User Manual and this form are available by contacting the laboratory or on <http://rcsi.ie/pathology>.

Date of Request	
Hospital Name	
Patient Name	
Date of Birth	
Histopathology Block No.	
Requesting Clinician/Pathologist	
Specimen type	
Indication for Testing	
Contact details for reporting results (Please provide email addresses)	
Any other relevant information	

Send this **completed form** with **blocks/slides** and a copy of the **pathology report** to:

Molecular Histopathology Laboratory
Department of Pathology
R.C.S.I. Education & Research Centre
Beaumont Hospital
P.O. Box 9063
Dublin 9

For enquiries:

Tel: (01) 8093726

Fax: (01) 8093720

Email: Tony O'Grady (togradv@rcsi.ie)

Website: www.rcsi.ie/pathology

LABORATORY FORM

Molecular Histopathology Test Request Form

Ref: MP-PAT-ManageLab

Approved By: Tony O'Grady