

<b>Clinical Directorate of Laboratory Medicine, Beaumont Hospital</b>					
<b>Doc No:</b>	LF-MOL-031	<b>Revision:</b>	3	<b>Active Date:</b>	29/09/2022
<b>Molecular Pathology Test Request Form</b>					

Test Required (Please tick):

NGS Colorectal Cancer Mutation Panel    
 NGS Lung Cancer Mutation Panel    
 NGS Melanoma Mutation Panel

MMR IHC (with MSI as indicated)    
 MSI (Tumour and Normal tissue required)    
 *MLH1* Methylation

Her2 D-DISH                            
 NGS Breast                            
 PD-L1 IHC (Lung & Melanoma Only)

OTHER: \_\_\_\_\_

Date of Request	
Hospital/Referring Centre Name	
Patient Name	
Date of Birth	
Gender	
Histopathology Block No.	
Requesting Clinician/Pathologist	
Specimen type	
Indication for Testing	
Contact details for reporting results (Please provide email addresses)	
Note: Results will only be sent to email addresses provided in this section.	
Any other relevant information	

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

**Pathology Specimen Reception C/O Molecular Pathology Laboratory  
Beaumont Hospital  
Beaumont Road  
P.O. Box 9063  
Dublin 9**

**For enquiries:**  
Tel: (01) 8092856/ (01) 8092857  
Email: Molecular Laboratory ([molecular@beaumont.ie](mailto:molecular@beaumont.ie))  
Website: [www.beaumont.ie/index.jsp?p=105&n=349](http://www.beaumont.ie/index.jsp?p=105&n=349)

For results please email [biomarkers@beaumont.ie](mailto:biomarkers@beaumont.ie)

**For Beaumont Hospital Use Only**

Date & Time of Receipt:

  
  

Case #