

Clinical Directorate of Laboratory Medicine, Beaumont Hospital					
Doc No:	LF-MOL-031	Revision:	5	Active Date:	16/02/2026
Molecular Pathology Test Request Form					

Test Required (Please tick):

<input type="checkbox"/> NGS Colorectal Cancer Mutation Panel	<input type="checkbox"/> NGS Lung Cancer Mutation Panel	<input type="checkbox"/> NGS Melanoma Mutation Panel
<input type="checkbox"/> MSI (<u>Tumour</u> and <u>Normal</u> tissue required)	<input type="checkbox"/> <i>MLH1</i> Methylation	<input type="checkbox"/> PD-L1 IHC (Lung)
<input type="checkbox"/> NGS Breast	<input type="checkbox"/> NGS Cholangiocarcinoma	<input type="checkbox"/> NGS Urothelial Cancer
		<input type="checkbox"/> NGS Thyroid

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 in <u>BLOCK CAPITALS</u>) Note: Results will only be sent to email addresses provided in this section.	
Any other relevant information	

Send this <u>completed form</u> with <u>blocks/slides</u> and a copy of the <u>pathology report</u> to: Pathology Specimen Reception C/O Molecular Pathology Laboratory Beaumont Hospital Beaumont Road P.O. Box 9063 Dublin 9 <u>For enquiries:</u> Tel: (01) 8092856/ (01) 8092857 Email: Molecular Laboratory (molecular@beaumont.ie) Website: https://www.beaumont.ie/pages/health-A-Z/molecular-pathology	For Beaumont Hospital Use Only Date & Time of Receipt: Case #
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