

Clinical Directorate of Laboratory Medicine, Beaumont Hospital					
Doc No:	LF-MOL-169	Revision:	2	Active Date:	16/02/2026
Neuro-Molecular Pathology Test Request Form					

Test Required (Please tick):

DNA Methylation Profiling
 MGMT Promoter Methylation
 RNA FusionPlex Panel

aCGH (Including: 1p19q, EGFR, CDKN2A/B, Chromosome 7, Chromosome 10)

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
 Email: Molecular Laboratory (molecular@beaumont.ie)

For Beaumont Hospital Use Only

Date & Time of Receipt:

Case #