



# General Referral Form

## Patient Information

Surname:

First name

NHI:

Sex (please circle): M / F

DOB:

Referring Doctor:

## Referral Indication and Clinical Information

Specimen Type:

Date and Time collected:

Referring laboratory reference:

Pathology report attached: Y / N

Patient History and clinical information:

Test/s Requested:

## Reporting Information

Referring Dr:

Email:

Address:

Signature/Date:

Copy to Dr:

Email:

Address:

Copy to Dr:

Email:

Address:

## Supplementary information (eg. Tumour content):

### General Requirements:

- 2 unique forms of ID on sample (identical to referral form)  Completed referral form

### Specific Requirements for Paraffin-Embedded Tissue:

#### Molecular Oncology (+/- FISH)

- 5\* x 2~4 micron sections on polylysine coated slides  
 Tumour area marked on H&E slide  
 Tumour percentage noted in above  
 Pathology report

For **MLH1 testing** please provide 10 sections

#### FISH Only

- 2 x 2~4 micron sections on polylysine coated slides  
 Area of interest marked on H&E  
 Pathology report

**\*If the tissue sample size is less than 5mm x 5mm, a minimum of 10 sections will be required.**

**Multiple sections can be placed on the same slide.**