

Clinical Directorate of Laboratory Medicine, Beaumont Hospital					
Doc No:	LF-MOL-031	Revision:	4	Active Date:	16/07/2024
Molecular Pathology Test Request Form					

Test Required (Please tick):

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

MSI (Tumour and Normal tissue required)
 MLH1 Methylation
 NGS Breast

PD-L1 IHC (Lung)

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	

<p>Send this completed form with blocks/slides and a copy of the pathology report to:</p> <p>Pathology Specimen Reception C/O Molecular Pathology Laboratory Beaumont Hospital Beaumont Road P.O. Box 9063 Dublin 9</p> <p>For enquiries: Tel: (01) 8092856/ (01) 8092857 Email: Molecular Laboratory (molecular@beaumont.ie) Website: http://www.beaumont.ie/index.jsp?p=105&n=878</p>	<p>For Beaumont Hospital Use Only Date & Time of Receipt:</p> <p>Case #</p>
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