

**Instructions for Requesting Physicians / Pathologists:**

- Please fully complete sections A and B. Missing compulsory information may result in test delay.
- If you wish for a sample collection kit to be dispatched to the sample retention centre, Please complete section C and send the whole form to  
**Email:** info@CamClinLabs.co.uk
- Return the Test Request Form with the sample.

Select the Test(s) required

**Sample type:**

<input type="checkbox"/>	<b>PSA (Total and Free)</b>	<b>SERUM</b> Collect blood samples aseptically into plastic serum collection tubes containing clot activator or separator gel Stable for 5 days at 2-8 °C, 6 months at -20 °C. Freeze only once Do not use heat-inactivated samples. Do not use samples and controls stabilized with azide.
<input type="checkbox"/>	<b>Proclarix</b> Proclarix® is indicated in men with elevated total PSA (2.0 to 10.0 ng/mL), a digital rectal examination finding consistent with elevated prostate volume (≥35 mL) and not suspicious for cancer.	<b>SERUM</b> Collect blood samples aseptically into plastic serum collection tubes containing clot activator or separator gel. Prepare serum samples within a day from blood withdrawal. Serum samples are stable for 5 days at 2-8 °C and 8 hours at 20-25 °C. For longer periods storage at -20 °C or below is recommended.
<input type="checkbox"/>	<b>Prostateype</b>	<b>Formalin fixed paraffin-embedded (FFPE)</b> Human prostate core needle biopsy containing cancer cells.

**A. Patient Information** Please note the fields marked \* are compulsory

Please fill out completely and include at least 3 unique patient identifiers or affix label		Affix Patient Label Here
*Patient's First Name: .....	*Patient's Last Name: .....	
*DOB: ..... (DD/MM/YYYY)	*Patient Gender (M/F) .....	
*Patient ID (MRN/NHS No): .....	*Specimen Type: .....	
Pathology Report No: .....	*Date Sample Taken: ..... (DD/MM/YYYY)	
*Estimated percentage of tumour material in the tissue sections submitted: .....%		
Previous PSA (if known) ..... ng/mL	Date: .....	
Prostate Volume (if known) ..... cm	Date: .....	
DRE result: <input type="checkbox"/> Suspicious <input type="checkbox"/> Not Suspicious	Family History: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**B. Requesting Physician / Pathologist Information**

*Physician / Pathologist Name: .....	*Clinic/Hospital: .....
Address: .....	
..... Postcode: .....	
Tel: .....	Fax: ..... Email: .....
Results will be reported to email address provided unless an alternative method is advised. I hereby authorise a tumour sample of the above patient to be tested for genes as selected here	
*Authorised Signature: .....	*Date: ..... (DD/MM/YYYY)

**C. Sample Retention Centre/Pathologist (if different to section B) – Prostateype ONLY**

Pathologist Name: .....	*Clinic/Hospital: .....
Address: .....	
..... Postcode: .....	
Tel: .....	Fax: ..... Email: .....

**For the Pathologist:**

If using a Sample Collection Kit, please:-

- Prepare a tumour sample according to the instructions provided, then **complete the identifier labels with at least 3 unique identifiers (i.e. first name, last name and date of birth) and attach to the primary sample containers (i.e. the sample tubes or slides)**
- Finally return the signed form with the tumour sample to Cambridge Clinical Laboratories.

**CCL USE ONLY**    CCL ID No ..... Date..... Entered by..... Validated by.....