



North East and Yorkshire  
Genomic Laboratory Hub

# Genetic Testing Request Form

DPYD (Dihydropyrimidine  
dehydrogenase deficiency) genotyping

Lab Use Only

Lab No:

Date received: dd/mm/yyyy

Patient Information – use sticker if available				Requesting Consultant Oncologist	
NHS No:		D.O.B:	dd/mm/yyyy	Full Name:	
Surname:		Sex:		Contact E-mail:	
Forename:		Hospital No:		Hospital:	
Patient's Address:				Ward /Clinic:	
		Postcode:		Address/Email for report:	

High risk of Infection  If yes please affix label to samples and form and specify.

Test Required - please refer to National Genomic Test Directory (<https://www.england.nhs.uk/publication/national-genomic-test-directories/>).

## DPYD (Dihydropyrimidine dehydrogenase deficiency) genotyping

### Clinical details – including patient diagnosis and disease stage (if known).

- |  |   |
|--|---|
| <input type="checkbox"/> M1.7 Colorectal Carcinoma                   | <input type="checkbox"/> M220.3 Cholangiocarcinoma        |
| <input type="checkbox"/> M3.7 Breast Cancer                          | <input type="checkbox"/> M22.4 Hepatocellular carcinoma   |
| <input type="checkbox"/> M6.6 Mucoepidermoid Carcinoma               | <input type="checkbox"/> M226.3 Cancer of unknown primary |
| <input type="checkbox"/> M14.5 Adrenal cortical Carcinoma            | <input type="checkbox"/> M227.3 Solid tumour other        |
| <input type="checkbox"/> M15.7 Head and Neck Squamous Cell Carcinoma | <input type="checkbox"/> M236.2 Oesophageal Cancer        |
| <input type="checkbox"/> M16.4 Adenoid Cystic Carcinoma              | <input type="checkbox"/> M237.2 Gastric Cancer            |
| <input type="checkbox"/> M17.4 Secretory Carcinoma (salivary gland)  | <input type="checkbox"/> M237.2 Small Bowel Cancer        |
| <input type="checkbox"/> M219.3 Pancreatic Cancer                    |   |
| <input type="checkbox"/> Other (please specify diagnosis if known)   |   |

All requests of this type are processed as **URGENT**

Telephone/Bleep for Urgent results:

Specimen details	Sample Date:	dd/mm/yyyy	Sample Type:	Taken by:
EDTA Blood (2.5mL tube)	<input type="checkbox"/>			
	<input type="checkbox"/>			



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<https://ney-genomics.org.uk/>

## Once taken, samples should be sent URGENTLY to your local Genetics Laboratory.

Please ensure a minimum of 3 matching identifiers on tubes and form

<b>Newcastle Genetics Laboratory</b>	Newcastle Genetics Laboratory Central Parkway Newcastle upon Tyne Tyne and Wear NE1 3BZ	<a href="mailto:nuth.cancer.genomics@nhs.net">nuth.cancer.genomics@nhs.net</a> <b>0191 241 8786</b> <a href="https://www.newcastlelaboratories.com/lab_service/laboratory-cancer-services/">https://www.newcastlelaboratories.com/lab_service/laboratory-cancer-services/</a>
	Sheffield Diagnostic Genetics Service Sheffield Children's NHS Foundation Trust Western Bank Sheffield S10 2TH	<a href="mailto:sheffield.diagnosticgenetics@nhs.net">sheffield.diagnosticgenetics@nhs.net</a> <b>0114 271 7014</b> <a href="http://www.sheffieldchildrens.nhs.uk/SDGS.htm">www.sheffieldchildrens.nhs.uk/SDGS.htm</a>
		Leeds Genetics Laboratory Genomic Specimen Reception Bexley Wing (Level 5) St James's University Hospital Beckett Street Leeds, LS9 7TF