

Instructions for Specimen Submission for Methylation Profiling

The Chief of Pathology Department has agreed to review your pathology case. It is important to understand that our laboratory will *only* review the pathology case. The Laboratory of Pathology does not render opinions or interpretations about a patient's clinical treatment plan or address medico-legal questions. Our focus is solely on the pathology case submitted to us. Any question(s) that you may have about a pathology diagnostic report as it relates to your clinical history or treatment plan must be discussed with your primary care or treating physician.

If you wish to have us review your Pathology case, please send:

- A letter from your treating clinician indicating the purpose of the consultation request, or you may write a brief explanation of the reason for your request for our consultation;
- All tissue slides (stains) that were used for the original diagnosis – you will have to request this from the pathology laboratory that did the original testing;
- At least ONE representative tissue block or extra unstained slides (in case we need to perform additional testing on your behalf);
- DNA sample can also be submitted, minimum required DNA amount is 250 ng (DNA concentration must be measured by Qubit assay) and maximum volume is 45 ul.
- All Pathology Reports and clinical data (specific to this case); and,
- This Requisition Form with requestor, patient and sample information.

Please have all material and report(s) sent to:

Laboratory of Pathology, NCI, NIH
Attn: Kayla O'Donnell
10 Center Drive, Room 2S235
Bethesda, Maryland 20892-1500

All material must arrive in the same packet - together. Incomplete packages will be returned to the sender. Please provide your clinical provider's (a treating physician) contact information so that we know where to send our interpretation.

It is important to note that material sent to the NIH Laboratory of Pathology becomes a part of our workload, therefore some representative material (i.e. representative blocks or slides) may be retained by the pathologist at his or her discretion. We always attempt to accommodate patients' requests to have their material sent to other facilities if requested, but our department reserves the right to retain some material as these cases are considered a part of our work load once we have agreed to read the case. The patient, or submitting facility, must present any request, in writing, if case material performed by our laboratory is to be returned or sent on to another organization. These requests must be provided in writing after our pathology interpretation is rendered.

Also, please note that review of cases by the Laboratory of Pathology, NCI is *not* for legal purposes, but is accepted only in support of our mission to serve the public as we are able. If you have any further questions, please feel free to contact me.

Requisition for Methylation Profiling*

MethylScape: DNA methylation-based tumor classification

Laboratory of Pathology, CCR, NCI, NIH | 10 Center Dr., Rm. 3S255, Bethesda, MD 20892 | (301) 480-7298

REQUESTOR

Requestor: _____
Last First MI

Date of Request: _____

Contact info: _____

Attending Pathologist: _____

PATIENT

Name _____
Last First MI

Gender: Male Female DOB (Age): _____

Accession ID # _____

MRN # _____

CLINICAL INFORMATION

Final (Preliminary) Diagnosis: _____

Brief Clinical History (if needed): _____

Pertinent test results (if any): _____

SPECIMEN INFORMATION

Case ID #: _____

Specimen site: _____

FFPE Tissue sections (unstained slides)

Section thickness _____

Number of slides provided _____

DNA

DNA concentration _____

DNA volume _____

Additional info: _____

**Currently validated for CNS tumor classification only. Non-CNS tumors are profiled for research purpose only.*

TESTING QC – For Lab Use Only*

DNA Accession #: _____

Date of Accession: _____

DNA concentration (Qubit): _____

Volume/Amount used for testing: _____

FFPE QC pass: Yes No

Classifier QC pass: Yes No

Methylation Family: _____ Calibrated Score: _____

Methylation Class (subgroup): _____ Calibrated Score: _____

MGMT promoter status: _____ Score: _____

Signature: _____ Date: _____ Turnaround Time: _____