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IQC	INITIALS	DATE
Cut		
Labelled		
Collated		
QC		
Packaged		

ALK LUNG IHC REQUEST FORM

FOR LABORATORY USE ONLY

HSL-AD NUMBER: _____ MATERIAL RECEIVED: _____

PRICE (TO BE INVOICED): _____ DATE RECEIVED & INITIALS: _____

PATIENT / SAMPLE DETAILS

SURNAME: _____ SURGICAL CASE ID: _____

FORENAME: _____ TUMOUR TYPE & GRADE: _____

DOB: _____ **M** **F**

REFERRING HOSPITAL / INVOICING DETAILS

CONSULTANT: _____

ADDRESS: _____

PHONE: _____

INVOICING DETAILS (if different)

CONTACT NAME: _____

ORGANISATION: _____

ADDRESS: _____

PURCHASE NUMBER: _____

REPORT DELIVERY (please tick, all reports will also be posted)

FAX

EMAIL

FAX NUMBER(S):

EMAIL ADDRESS(ES):

ALK LUNG IHC REPORT

ALK IHC RESULT

STRONG POSITIVE (FISH will be performed)

WEAK POSITIVE (FISH will be performed)

NEGATIVE

TEST INFORMATION & COMMENTS

HSL-AD uses the Ventana / Roche ALK (D5F3) assay. If the result shows either weak or strong positive IHC staining it will be automatically sent for ALK FISH analysis to confirm gene re-arrangement status. 8-10% of cases are reflexed to FISH (weak and strong positive). Overall ALK positivity rate is between 2-3% (IHC positive & FISH positive).

SIGNED: _____

DATE: _____

Dr Mary Falzon/Dr Elaine Borg/Dr David Moore