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IQC	INITIALS	DATE
Cut		
Labelled		
Collated		
QC		
Packaged		

## HER-2 BREAST 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):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### HER-2 BREAST IHC REPORT

#### HER-2 IHC RESULT

3+  POSITIVE

2+  EQUIVOCAL (FISH will be performed)

1+  NEGATIVE

0  NEGATIVE

#### TEST INFORMATION & COMMENTS

If result is 2+ (equivocal) or if FISH is suggested by the reporting pathologist, automatic reflex to HER2 FISH testing will be performed.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

Dr Mary Falzon/Dr Elaine Borg