



Address: HSL-AD, 19 Fitzroy Street, London, W1T 4BP

Tel: +44 (0)20 3912 0280 | Email: AD@hslpathology.com | Web: www.hsl-ad.com

IQC	INITIALS	DATE
Cut		
Labelled		
Collated		
QC		
Packaged		

EGFR 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): _____

EGFR IHC REPORT

EGFR IHC RESULT

3+ POSITIVE

2+ EQUIVOCAL

1+ NEGATIVE

0 NEGATIVE

TEST INFORMATION & COMMENTS

Please be aware that this test does **NOT** detect mutations involving the EGFR gene and is used for assessing protein expression levels **ONLY**. Requesting pathologists/oncologists are responsible for ensuring the the most appropriate test is requested for their patients. Please contact HSL-AD for advice regarding this test.

SIGNED: _____

DATE: _____

Dr Mary Falzon/Dr Elaine Borg