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IQC	INITIALS	DATE
Cut		
Labelled		
Collated		
QC		
Packaged		

ER/PR/HER-2 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: _____

DOB: _____ M F

REFERRING HOSPITAL

REFERRING HOSPITAL: _____

PHONE: _____

CONTACT PERSON: _____

FAX: _____

IHC REPORT

ER IHC REPORT

PROPORTION & INTENSITY SCORE (please circle)

SCORE	% nuclei	Intensity nuclei
0	None	None
1	<1	Weak
2	1-10	Moderate
3	11-33	Strong
4	34-66	<input type="text"/>
5	67-100	<input type="text"/>

PR IHC REPORT

PROPORTION & INTENSITY SCORE (please circle)

SCORE	% nuclei	Intensity nuclei
0	None	None
1	<1	Weak
2	1-10	Moderate
3	11-33	Strong
4	34-66	<input type="text"/>
5	67-100	<input type="text"/>

HER-2 IHC RESULT

- 3+ POSITIVE
- 2+ EQUIVOCAL (FISH will be performed)
- 1+ NEGATIVE
- 0 NEGATIVE

TEST INFORMATION & COMMENTS

Her-2 IHC: 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