



Address: HSL-AD, 1st Floor Rockefeller Building, 21 University Street, London. WC1E 6JJ

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

IQC	INITIALS	DATE
Cut		
Labelled		
Collated		
QC		
Packaged		

HER-2 GASTRIC 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 GASTRIC 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: _____

Prof Marco Novelli/Dr Manuel Rodriguez-Justo/Dr Miriam Mitchinson

Dr Alison Winstanley/Dr Marnix Jansen