HEALTH SERVICES LABORATORIES
ADVANCED DIAGNOSTICS

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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	
5	67-100	

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	
5	67-100	

HER-2 IHC RESULT

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

TEST INFORMATION & COMMENTS

Her-2 IHC: This assay is FDA-approved and uses the Ventana/Roche Her-2 (4B5) antibody. It is used to identify patients who may be eligible for treatment with anti-HER2 agents. All IHC 3+ patients are POSITIVE and those classed as 0 or 1+ are NEGATIVE. If result is 2+ (EQUIVOCAL) or if FISH is suggested by the reporting pathologist, automatic reflex to HER2 FISH testing will be performed.
ER IHC: This assay uses the Leica Biosystems ER (6F11) antibody.
PR IHC: This assay uses the Leica Biosystems PR (16) antibody.

SIGNED:_____ **DATE:**_____

Dr Mary Falzon/Dr Reena Khiroya