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IQC	INITIALS	DATE
Cut		
Labelled		
Collated		
QC		
Packaged		

ROS1 NSCLC 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 - faxing of reports will end October 2020)

FAX

EMAIL

FAX NUMBER(S):

EMAIL ADDRESS(ES):

ROS1 NSCLC IHC REPORT

ROS1 IHC RESULT

TEST INFORMATION & COMMENTS

STRONG POSITIVE (FISH will be performed)

WEAK POSITIVE (FISH will be performed)

NEGATIVE

This assay uses the Cell Signaling Technologies (D4D6) antibody. This is a laboratory derived test (LDT), whose performance characteristics have been validated by HSL-AD in the non-small cell lung cancer (NSCLC) setting using formalin-fixed paraffin-embedded (FFPE) material. Crizotinib is licensed by NICE through the cancer drugs fund for treatment of ROS1 POSITIVE patients with advanced NSCLC. If the result shows either weak or strong positive IHC staining it will be automatically reflexed for ROS1 FISH analysis to confirm gene re-arrangement status. We expect 8-10% of cases will be reflexed to FISH (weak and strong positive). Overall ROS1 positivity rate is expected to be approximately 1% (IHC positive & FISH positive).

SIGNED: _____

DATE: _____

Dr Mary Falzon / Dr David Moore / Dr Reena Khiroya