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IQC	INITIALS	DATE
Cut		
Labelled		
Collated		
QC		
Packaged		

PD-L1 IHC REQUEST FORM (22C3, Dako pharmDx)

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):

PD-L1 (22C3 Dako pharmDx) IHC REPORT

TUMOUR ASSESSMENT

- SUFFICIENT FOR ASSESSMENT
 INSUFFICIENT FOR ASSESSMENT

INTENSITY OF STAINING

- % 3+
 % 2+
 % 1+
 % 0

% OF TOTAL TUMOUR
CELLS EXPRESSING PD-L1

STAINING PATTERN (if positive)

- HOMOGENEOUS EXPRESSION
 HETEROGENEOUS EXPRESSION
 FOCAL EXPRESSION

TUMOUR-ASSOCIATED LYMPHOCYTES

- 0 1+ 2+ 3+

RESULT

- NEGATIVE** (<1% EXPRESSION)
 WEAK POSITIVE (≥1% <50% EXPRESSION)
 STRONG POSITIVE (≥50% EXPRESSION)

TEST COMMENTS

INTERPRETATION GUIDE:

This assay uses the Dako pharmDx 22C3 kit stained on the Dako Autostainer. This assay has been FDA-approved and validated for use in NSCLC only. It is used as a companion diagnostic to indicate the suitability of treatment with Pembrolizumab.

NEGATIVE (<1%): Patient is not eligible for treatment involving Pembrolizumab.

WEAK POSITIVE (≥1% <50%): Patient is eligible for treatment involving Pembrolizumab if they have had at least one prior chemotherapy regime. Patients with sensitising EGFR mutations or ALK rearrangement should be treated for these prior to receiving Pembrolizumab.

STRONG POSITIVE (≥50% EXPRESSION): Treatment-naive patients with metastatic NSCLC are eligible for treatment with Pembrolizumab as a front-line therapy.

SIGNED: _____

DATE: _____

Dr Manuel Rodriguez-Justo/Dr Teresa Marafioti/Dr Ian Proctor