

Case number:

**REQUESTER DETAILS**

Responsible pathologist			
Hospital Name			
Address for return of block (if appropriate)			
Telephone Number			
Clinician Name			
Fax number where result should be sent			

**HISTOLOGY AND PATIENT IDENTIFIER**

Histology Number		Patient Name	
Date of resection		Date of Birth	/ /
Sample region		Hospital No.	
Brief clinical history			

**SAMPLE DETAILS**

Please enclose EITHER	◆ Representative block (to be returned within 2 weeks of receipt)
OR	◆ Six 4 microns unstained sections on charged slides
PLUS	◆ One H&E stained reference slide

**SEND BLOCK OR SLIDES WITH THIS FORM TO:**

Address: Department of Histopathology, King's College Hospital, Denmark Hill, London, SE5 9RS  
Telephone: 020 3299 3091 Fax: 020 3299 3670 Contact: Dr. Jane Moorhead (Clinical Scientist)

**SITE PATHOLOGY**

Date sample sent	/ /	Signature:
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**REFERENCE LAB**

Date sample received	/ /	Signature:
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**HER2 STATUS RESULTS (please allow 2 weeks from receipt of specimen at the central lab to notification of result)**

Her-2/neu Test 4B5 (IHC) Ventana	0/1 + <input type="checkbox"/>	2 + <input type="checkbox"/>	3 + <input type="checkbox"/>	<b>PATIENT'S HER2 STATUS</b>  Positive* <input type="checkbox"/>  Negative <input type="checkbox"/>  *IHC 3+ or 2+ and FISH positive
Kreatech (FISH)	Not Amplified <input type="checkbox"/>	Amplified (ratio > 2) <input type="checkbox"/>		

**COMMENTS**

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**DATE RESULT SENT**

/ /	<b>SIGNATURE</b>
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