

Case number:

**REQUESTER DETAILS**

Responsible pathologist	
Hospital Name	
Address for return of block (if appropriate)	
Telephone Number	
Clinician Name	
NHS e-mail (for test result)	

**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 34620**.

Advanced Diagnostics Laboratory e-mail: [kch-tr.advanced-diagnostics@nhs.net](mailto:kch-tr.advanced-diagnostics@nhs.net)
**SITE PATHOLOGY**

Date/time sample sent

Signature:

**REFERENCE LAB**

Date/time sample received

Signature:

**HER2 STATUS RESULTS (please allow 2weeks 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/TIME RESULT SENT**
**SIGNATURE**

NB: Herceptin is licensed for the treatment of HER2 3+ (IHC) patients