

Request for immunohistochemistry testing in the Histopathology Department, King's College Hospital

Case number

Name of Reporting   Pathologist   Hospital Name   Address for return of block   (if appropriate)   Telephone Number   Name of Requesting   Clinician   Requesting lab NHS e-mail   Patient First Name	REQUESTER DETAILS						
Address for return of block (if appropriate)							
(if appropriate) Telephone Number Name of Requesting Clinician Requesting lab NHS e-mail HISTOLOGY AND PATIENT IDENTIFIERS Patient First Name	Hospital Name						
Name of Requesting         Clinician         Requesting lab NHS e-mail         HISTOLOGY AND PATIENT IDENTIFIERS         Patient First Name							
Clinician Requesting lab NHS e-mail HISTOLOGY AND PATIENT IDENTIFIERS Patient First Name	Telephone Number						
HISTOLOGY AND PATIENT IDENTIFIERS							
Patient First Name	Requesting lab NHS e-ma						
Patient Surgers	HISTOLOGY AND PATIENT IDENTIFIERS						
Date of Birth / /	Patient Surname						
Histology Number     Gender     M / F	Histology Number						
Hospital No. NHS No.	Hospital No.						
SAMPLE DETAILS:	SAMPLE DETAILS:						
Please enclose EITHER OR + Representative FFPE block (this will be returned within 2 weeks of receipt) + x3 unstained sections per IHC request on coated slides @ 4micron thickness							

**SEND BLOCK OR SLIDES WITH THIS FORM AND COPY OF HISTOLOGY REPORT TO:** Address: Department of Histopathology, King's College Hospital, Denmark Hill, London, SE5 9RS Telephone: 020 3299 34620

Advanced Diagnostics Laboratory e-mail: <u>kch-tr.advanced-diagnostics@nhs.net</u>

REFERRING PATH DEPT	Date/time sample sent	/	/	Signature:
RECEIVING LAB AT KCH	Date/time sample	/	/	Signature:

Immunohistochemistry test requested:-				