

## Referred ICC Request Form

Points	
Group	
Booked in	
Block labels	
Allocated on database	
Entered in specimen reception spreadsheet	
ICC QC'd by	

**GGC Lab Accession Number:** \_\_\_\_\_

**Source Case Number:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**CHI Number:** \_\_\_\_\_

**Source Consultant Pathologist:** \_\_\_\_\_

**Source Hospital:** \_\_\_\_\_

**Source Department:** \_\_\_\_\_

**GGC Consultant Pathologist dealing with referral:** \_\_\_\_\_

IHC requests for testing only to be carried out by Pathology NHS GG&C

IHC requests for testing & reporting to be carried out by Pathology NHS GG&C

**Please indicate testing required and supply blank sections/ blocks as specified below:**

Antibody/ Marker	No. of consecutive blanks required	Additional Information
<input type="checkbox"/> Her 2 (Breast)	8	charged slides incubated overnight @37 •C
<input type="checkbox"/> ALK- 1	4	charged slides incubated overnight @37 •C
<input type="checkbox"/> ROS-1	4	charged slides incubated overnight @37 •C
<input type="checkbox"/> PDL-1 (22C3 – Lung)	4	charged slides incubated overnight @37 •C
<input type="checkbox"/> PDL-1 (22C3 – Head & Neck)	4	charged slides incubated overnight @37 •C
<input type="checkbox"/> PDL-1 (SP142 – Breast)	4	charged slides incubated overnight @37 •C
<input type="checkbox"/> PDL-1/ALK-1/ROS-1 (Lung)	10	charged slides incubated overnight @37 •C
<input type="checkbox"/> PDL-1(28-8) + Her2 for upper GI Adenocarcinoma (Nivolumab)	10	charged slides incubated overnight @37 •C
<input type="checkbox"/> PDL-1(22C3) for upper GI Squamous Carcinoma (Pembrolizumab)	4	charged slides incubated overnight @37 •C

FISH testing may be required for some of the above antibodies but the number of blanks requested is sufficient to meet the testing requirements should that happen.

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Others – Please specify marker	No of consecutive blanks	Additional Information
<input type="checkbox"/> _____	4	charged slides incubated overnight @37 •C
<input type="checkbox"/> _____	4	charged slides incubated overnight @37 •C
<input type="checkbox"/> _____	4	charged slides incubated overnight @37 •C

Antibody/ Marker	Requirement
<input type="checkbox"/> MMR Gastrointestinal	Corresponding blocks only
<input type="checkbox"/> MMR/P53 Gynaecological	1 block plus all corresponding HE's (please send biopsy where possible). <b>A copy of the report must be included.</b>

**All slides for ICC testing should be sent to:**

Specimen Reception  
Pathology Department Level 3  
Laboratory Medicine & FM Building  
Queen Elizabeth University Hospital  
1345 Govan road  
Glasgow, G51 4TF

**EGFR testing requires a block to be sent directly from source to:**

West of Scotland Genetic Services (Laboratories)  
Laboratory Genetics  
Level 2B Laboratory Medicine & FM Building  
Queen Elizabeth University Hospital  
1345 Govan Road  
Glasgow, G51 4TF