

REFERRED IMMUNOHISTOCHEMISTRY REQUEST FORM

CHI/DOB:

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|--|--|--|--|--|--|--|--|--|--|

SURNAME: _____

FORENAME: _____

SEX: _____

PATIENTS ADDRESS: _____

SOURCE HEALTH BOARD (HB): _____

SOURCE DEPARTMENT: _____

SOURCE CLINICIAN: _____

SOURCE PATHOLOGIST: _____
(if not source clinician)

REFERRAL HB LAB ACCESSION NUMBER: _____

DATE OF REFERRAL: _____

When requesting a ‘companion diagnostic test’ please send a copy of the pathology report, an H&E stained section and the materials as indicated below:

| Antibody/ Marker | Material Required | Additional Information |
|--|-------------------|---|
| <input type="checkbox"/> PD-L1(SP142 –Breast)* | 4** | charged slides incubated overnight @37C |
| Others – Please specify: | | |
| <input type="checkbox"/> _____ | 4** | charged slides incubated overnight @37C |

*We are unable to accept cytology cell block preparations for PD-L1 (SP142 -Breast). The assay has not been validated on this material.

**Note that 4µm sections are required. When mounting sections on charged slides please place the section towards the slide label area as our system places controls on the lower part of the slide.

| | |
|--|------------------------------|
| For NHS Tayside Pathology use only: | |
| Pathology Team/Initials: | Laboratory Accession Number: |
| Date/Time Received: | |

Please send a copy of the pathology report, along with the materials indicated above and an H&E stained section to:

External Testing Service,
 Pathology Department,
 Level 6,
 Ninewells Hospital & Medical School,
 Dundee
 DD1 9SY

Please ensure package highlights the urgency of the contents.

Please email TAY.pathologydept@nhs.scot when the package has been sent.

Email address for acknowledgement of receipt: _____

Email address/contact details for any clinical queries: _____

Email address/contact details for any technical: _____

Email address for the electronic report: _____

Contact details for invoicing purposes: _____

| | |
|--|------------------------------|
| For NHS Tayside Pathology use only: | |
| Pathology Team/Initials: | Laboratory Accession Number: |
| Date/Time Received: | |