

**Request for HER2 testing at the
Histopathology Department,
King's College Hospital**

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	◆ Four 3 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

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

COMMENTS	
-----------------	--

DATE/TIME RESULT SENT		SIGNATURE	
------------------------------	--	------------------	--

|

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