***Case number:***

**Request for HER2 testing at the**

**Histopathology Department,**

**King’s College Hospital**

|  |  |
| --- | --- |
| **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 |  | | | |

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| --- |
| **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 4620**.

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)** | | | | |  | **PATIENT’S**  **HER2 STATUS** |
| Her-2/neu Test 4B5 (IHC)  Ventana | 0/1 + | 2 + | | 3 + | Positive\* |
| Negative |
| Kreatech (FISH) | Not Amplified | | Amplified (ratio>2) | |
| \*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