***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 |  |

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

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