***Case number***

*(for laboratory use only)*

**Request for immunohistochemistry testing in the Histopathology Department, King’s College Hospital**

|  |
| --- |
| **REQUESTER DETAILS** |
| Name of Reporting Pathologist |  |
| Hospital Name |  |
| Address for return of block(if appropriate) |  |
|  |
| Telephone Number |  |
| Name of Requesting Clinician |  |
| Requesting lab NHS e-mail  |  |
| **HISTOLOGY AND PATIENT IDENTIFIERS** |
| Patient Surname |  | Patient First Name |  |
| Date of Birth |  / /  |
| Histology Number |  | Gender | M / F |
| Hospital No. |  | NHS No. |  |
| **SAMPLE DETAILS:** |
| Please enclose EITHER ♦ Representative FFPE block (this will be returned within 2 weeks of receipt) OR ♦ x3 unstained sections per IHC request on coated slides @ 4micron thickness  |

**SEND BLOCK OR SLIDES WITH THIS FORM AND COPY OF HISTOLOGY REPORT 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **REFERRING PATH DEPT** | Date/time sample sent |  / / | Signature:  |
| **RECEIVING LAB AT KCH** | Date/time sample received |  / / | Signature: |

**Immunohistochemistry test requested:-**