***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**](mailto: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:-**