



Lab use:

Barcode

Date:

Specimen(s) received:

# UHS IHC and ISH Request Form

Referrer Information		Patient Information	
Referring clinician		Surname	
Position		First Name	
Hospital		Date of Birth	
Department		Gender	
Departmental email for results		Hospital number	
Telephone number		NHS number	
<input type="checkbox"/> NHS <input type="checkbox"/> Private		Address	Postcode:

Diagnosis	Histology / immunophenotyping report MUST be included	
Additional information		
Priority	<input type="checkbox"/> Urgent <input type="checkbox"/> Cancer pathway <input type="checkbox"/> Routine	<b>Please notify the laboratory if clinically urgent</b>

Sample details			
Histology number		Specimen type	Fixed in 10% neutral buffered Formalin?
Block ID			
Specimen date		<input type="checkbox"/> Biopsy <input type="checkbox"/> Resection/excision <input type="checkbox"/> Cell block <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please state fixative .....
Tissue type			
% neoplastic nuclei (Nearest 10%)			
% necrosis (Nearest 10%, by surface area)			

Cellular Pathology test request(s) <small>Queries to: UHS.CellPath@nhs.net and/or 02381206443</small>		
<i>Please send:</i> <ul style="list-style-type: none"> <li>An H&amp;E stained section.</li> <li>The number of unstained sections listed for each test. Unstained sections should be 4 µm thick and mounted on positively-charged glass slides. Recently cut slides are preferable as antigenicity of cut tissue sections may diminish over time. Non-decalcified tissues should be sent if possible as decalcified tissue can generate false negative results.</li> </ul>		
	ALK D5F3 immunohistochemistry (2 x USS)	
	ROS1 SP384 immunohistochemistry (2 x USS)	
	PD-L1 22C3 immunohistochemistry (2 x USS)	
	PD-L1 28-8 immunohistochemistry (2 x USS)	
	PD-L1 SP142 immunohistochemistry (2 x USS)	
	MMR immunohistochemistry (MLH1, PMS2, MSH2, MSH6) (6 x USS)	
	<i>For endometrial cancers which will require MDT review at UHS, a block should be sent rather than unstained sections.</i>	
	EBER ISH (4 x USS)	
	High risk HPV ISH: (4 x USS + p16 IHC if available)	

Requester			
Name		Signature	Date
Contact details			/ /

Sample transport	Please send samples to:
<i>The referring laboratory is responsible for the safe transfer of tissue and it is thus recommended that Royal Mail Recorded Delivery or an equivalent tracked postal service is used.</i>	Cellular Pathology Department Level E, Mail Point 002 Southampton General Hospital Southampton SO16 6YD
Transport tracking ID	