Request form for Gastric/Breast HER 2 Testing

**Please provide a FFPE block of tumour, a representative HE stained slide and a copy of the report.**

**For DDISH cases please also provide the HER2 IHC slide, marked with 3 areas of interest.**

**Patient** **details**

Name:

Date of Birth:

Hospital Number:

NHS Number:

Referring hospital case and block number:

**Clinical history and histological diagnosis**

Specimen type

Tumour type and tumour grade

**Request details**:

**HER2 Testing Required:**

**A** Immunocytochemistry **and** follow-up ISH (if necessary).

(We will automatically perform DDISH in the event of an equivocal (2+) IHC score)

**B** HER2 ISH **only**



Copy of report provided? Block provided? HE slide provided?

**DDISH only** – HER2 IHC slide marked with 3 areas of interest provided?

**Requesting Laboratory details:**

Referring Hospital:

Referring Pathologist:

Contact telephone number for enquiries

**For RVI Lab use only:**

Date of receipt in lab Date of issue