

Address: HSL-AD, Ground Floor, 60 Whitfield Street, London, W1T 4EU

Tel: +44 (0)20 3912 0280 | Email: AD@hslpathology.com | Web: www.hsl-ad.com

Cut	
Labelled	
Collated	
QC	
Packaged	

**INITIALS** 

DATE

## **HER-2 GASTRIC IHC REQUEST FORM**

FOR LABORATORY USE ONLY				
HSL-AD NUMBER:	MATERIAL RECEIVED:			
PRICE (TO BE INVOICED):	DATE RECEIVED & INITIALS:			
PATIENT / SAMPLE DETAILS				
SURNAME:	SURGICAL CASE ID:			
FORENAME:	TUMOUR TYPE & GRADE:			
DOB: <b>M F</b>				
REFERRING HOSPITAL / INVOICING DETAILS				
CONSULTANT:	INVOICING DETAILS (if different)			
ADDRESS:	CONTACT NAME:			
	ORGANISATION:			
	ADDRESS:			
PHONE:	PURCHASE NUMBER:			
REPORT DELIVERY (please tick - faxing of reports will e	nd October 2020) FAX			
FAX NUMBER(S): EMAIL ADDRESS(ES):				
HER-2 GASTRIC IHC REPORT				
HER-2 IHC RESULT	TEST INFORMATION & COMMENTS			
3+ POSITIVE	This assay is FDA-approved and uses the Ventana/Roche Her-2 4B5 antibody to detect Her-2 protein in formalin-fixed paraffin-embedded material. It is used to identify patients who may be eligible for treatment with anti-HER2 agents. All IHC 3+ patients are POSITIVE and those classed as 0 or 1+ are NEGATIVE. If result is 2+ (EQUIVOCAL) or if FISH is suggested by the reporting pathologist, automatic reflex to HER2 FISH testing will be performed.			
2+ EQUIVOCAL (FISH will be performed)				
1+ NEGATIVE				
0 NEGATIVE				
SIGNED:  Prof Marco Novelli/Dr Manuel Rodriguez-Justo/Dr Miriam Mitc				
Dr Alison Winstanley/Dr Marnix Jansen/Dr Kay Lawson				