



King's College Hospital

Request for HER2 testing at the
Histopathology Department,
King's College Hospital

Case number:

REQUESTER DETAILS

Responsible pathologist	
Hospital Name	
Address for return of block (if appropriate)	
Telephone Number	
Clinician Name	
NHS e-mail (for test result)	

HISTOLOGY AND PATIENT IDENTIFIER

Histology Number		Patient Name	
Date of resection		Date of Birth	/ /
Sample region		Hospital No.	
Brief clinical history			

SAMPLE DETAILS

Please enclose EITHER Representative block (to be returned within 2 weeks of receipt)
OR Four 3 microns unstained sections on charged slides
PLUS One H&E stained reference slide

SEND BLOCK OR SLIDES WITH THIS FORM 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

SITE PATHOLOGY	Date/time sample sent		Signature:
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REFERENCE LAB	Date/time sample received		Signature:
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HER2 STATUS RESULTS (please allow 2weeks from receipt of specimen at the central lab to notification of result)

Her-2/neu Test 4B5 (IHC) Ventana	0/1 + <input type="checkbox"/>	2 + <input type="checkbox"/>	3 + <input type="checkbox"/>
Kreatech (FISH)	Not Amplified <input type="checkbox"/>	Amplified (ratio>2) <input type="checkbox"/>	

PATIENT'S HER2 STATUS

Positive* <input type="checkbox"/>
Negative <input type="checkbox"/>
*IHC 3+ or 2+ and FISH positive

COMMENTS

DATE/TIME RESULT SENT		SIGNATURE	
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NB: Herceptin is licensed for the treatment of HER2 3+ (IHC) patients