

*** Please attach a copy of original report with request form ***

**Cardiff & Vale University Health Board
Cellular Pathology, UHW
Breast Cancer Prognostic/Predictive Test Request (Her2)**

Patient details: Use admission label or write clearly	Senders Details:
Unit No:	Pathologist:
NHS No:	Hospital:
Surname:	Date sample sent:
Forename:	No of Blocks/Slides:
D.O.B: Gender:.....	Block/Slide No:.....
Address:	Lab Signature:.....
.....	* Please ensure unstained slides submitted are dried for 1 hour at 60°C (or 37°C overnight)
.....Postcode:.....	

Diagnosis	Request Status
Early Invasive Breast cancer []	Routine []
Metastatic Breast Cancer []	Urgent []

For Internal Reporting use only:

TMA: []

Her2 Result:

	Sub No:	Sub No:	Sub No:
Grade 0			
Grade 1			
Grade 2 – FISH			
Grade 3			

Additional Comments:.....

Reported By:..... Date:.....

Follow-up Work:		
Repeat: ER [] PR [] HER2 []	FISH:	H&E []
Date/Time Received in Lab:	Date out of Lab:	Lab Comments: