

CELLULAR PATHOLOGY – Immunotherapy test request for Upper GI Carcinomas

THIS BOX IS FOR
 EPISODE NUMBER
 LABEL ONLY

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**CELLULAR PATHOLOGY - BIOMARKER IHC TEST REQUEST FORM FOR
 OESOPHAGEAL, JUNCTIONAL & GASTRIC CARCINOMAS**

Please submit to the local Cellular Pathology laboratory, to arrange unstained slides with 1 H&E and a copy of the histopathology report form to be sent to Cellular Pathology (Biomarkers), University Hospital of Wales, Cardiff, CF14 4XW.

<p>Patient details: Use addressograph or fill in fields below with a minimum 3 patient identifiers</p> <p>NHS No.: D.o.B:</p> <p>Surname:</p> <p>First name:</p> <p>Address:</p> <p>.....</p>	<p>Requested by:</p> <p>Hospital:</p> <p>Date sample sent :</p> <p>No. of USS^β slides sent:</p> <p>Specimen & block No.:</p> <p>Lab Signature:</p>
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Requesting Clinician/Oncologist:

Address for Report:

Tests requested:	Material required and sent to C&V:
<u>UGI adenocarcinomas</u>	
HER2, PD-L1 and MMR deficiency	10 x 4um USS with ≥100 viable tumour cells <input type="checkbox"/>
<i>Tests may be requested individually:</i>	
HER2	4 x 4um USS ^β <input type="checkbox"/>
PD-L1	2 x 4um USS with ≥100 viable tumour cells <input type="checkbox"/>
MMR deficiency	4 x 4um USS ^β <input type="checkbox"/>
<u>UGI squamous cell carcinomas</u>	
PD-L1	2 x 4um USS ^β with ≥100 viable tumour cells <input type="checkbox"/>
Please also send x1 H&E stained slide	x1 H&E stained slide sent <input type="checkbox"/>
β: Unstained spares (USS) to be sent on FLEX or equivalent slides.	

For hub laboratory use only:	Date received:	Date issued (ICC):
Further work required:	Send for FISH (HER2 2+) <input type="checkbox"/>	
Other/comments:		
Reported by:		