**HER2 / HPV16 TESTING REQUEST FORM**

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| **PATIENT DETAILS** | **REFERRER DETAILS** |
| **Surname:** | **Consultant:** Click here to enter text. |
| **Forename(s):** | **Hospital:** Click here to enter text. |
| **D.O.B:** | **Phone:** |
| **Hospital No.** | **NHS.NET email:** Click here to enter text. |
| **NHS No:** |
| **Patient Address:** |
| **Copy of results to:** Click here to enter text. |
| **Postcode:** |

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| **Local specimen number & block number(s)** |  | | |
| **Specimen type** (tick all that apply) | FFPE  Cytology | Biopsy  Resection | Primary  Metastasis |
| **Decalcification method** (if applicable) | Click here to enter text. | | |
| **Clinical details** e.g. tumour type anddisease stage (if relevant) |  | | |
| Please ensure that all available clinical details including the **histopathology report** are provided.  Failure to provide correct sample and required patient and clinical information may result in a delay to the request. | | | |

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| **HER2 TESTING** | |
| **Tissue type:** | Breast  Gastric |
| HER2 Immunohistochemistry (*and* follow-up ISH if 2+ IHC score) *FFPE block + HE*  HER2 ISH only *FFPE block + HE + HER2 IHC slide marked with 3 areas of interest* | |
| **HPV16 ISH** | |
| ***This test is offered with interpretation only*** | |
| HPV16 ISH *FFPE block only* | |
| Unstained slides will not be accepted for either of these tests | |

**Please send samples to:** Cellular Pathology, New Victoria Wing – Level 3, Royal Victoria Infirmary,

Queen Victoria Road, Newcastle upon Tyne, NE1 4LP

**Contact for enquires:** Tel: **0191 2824445** Email: [nuth.molecularadmin@nhs.net](mailto:nuth.molecularadmin@nhs.net)