**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