

# HER 2 FISH TEST REQUISITION

**Shaded fields must be completed LEGIBLY** (patient demographics may be addressographed instead).

Patient Name (last, first) \_\_\_\_\_ PHN \_\_\_\_\_ Expiry (mm / yy) \_\_\_\_\_

Date of Birth (d/m/y) \_\_\_\_\_ Sex M F BCCA patient  Yes  No BCCA No. \_\_\_\_\_

Requesting Physician \_\_\_\_\_ MSC \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Report copy to (all information is necessary to receive a report)

Name: \_\_\_\_\_ MSC \_\_\_\_\_ Address \_\_\_\_\_

Name: \_\_\_\_\_ MSC \_\_\_\_\_ Address \_\_\_\_\_

## Sample

Originating Hospital \_\_\_\_\_ Specimen # \_\_\_\_\_ Procedure date (d/m/y) \_\_\_\_\_

Biopsy site \_\_\_\_\_

Tumour type  Ductal , NOS  Lobular  Mucinous  Other \_\_\_\_\_

Biopsy type  Excision  Core biopsy  FNA cell block  FNA smear

Immunohistochemistry result:- Intensity  0  1  2  3 Percent stained \_\_\_\_\_ %

Antibody used:  Ventana 4B5  Dako A0485  Other \_\_\_\_\_

## Instructions for Originating Hospital

Please send the block of tissue to be tested and a HER2 Neu immunostained slide (or 3 unstained slides on "PLUS" slides, a H&E stained slide and a HER2 Neu immunostained slide). Also include this requisition and a copy of the pathology report.

Send all to:

Pathology Office - Room 3225  
BC Cancer Agency  
600 West 10th Avenue  
Vancouver, BC V5Z 4E6

Questions? Please call 604-877-6000 #2073