



BC Cancer Agency

Vancouver Cancer Centre

600 W 10th Avenue
Vancouver, BC
Canada V5Z 4E6
Tel 604 877-6000
Fax 604 872-4596

BC Cancer Agency

Her2-neu Retrospective Test Request

Date of request: (dd/mm/yyyy) _____

Patient Name: (Last, First, M) _____

Date of birth: _____

PHN: _____

BCCA# _____

Outside Hospital: _____

Pathology specimen # _____

Dear Dr. _____ [Insert pathologist's name]

The Her-2neu status of this patient's cancer is required for therapeutic management.

Please send:

1. One representative paraffin block of the invasive cancer
2. A copy of the original pathology report
3. A copy of this request form

To:

Lily Yuen
Department of Pathology BCCA
600 West 10th Avenue
Vancouver, BC
V5Z 4E6

You will receive a copy of the result and the block will be returned to you as soon as possible.

Thank you for your help in expediting this.

Oncologist's name (print): _____

Oncologist's signature: _____