

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