IHC / ISH REQUEST FORM





PATII	ENT DETAILS			IQC	INITIALS	LAB USE ONLY
SURNAME:				CUT		HSL-AD NO:
JOHNAME.				LABELLED		
FORENAME:				COLLATED		DATE DECENTED & INSTITUTE
				QC		DATE RECEIVED & INITIALS:
DATE OF BIRTH:		M	F	PACKAGED		
SURGICAL NO:					ANTIBODIES / ISH	PROBES REQUESTED
TISSUE TYPE:						
CLINICAL DETAILS:						
REFERRAL DETAILS						
HOSPITAL:	BLOCK/SLIDES:					
PATHOLOGIST:	DATE REQUESTED:					
INVOICING DETAILS (If different from above) CHARGE						
HSL-AD, Ground Floor, 60 Whitfield Street, London, W1T 4FU					1	Version Number: HSL-AD ME1 v1.4