

ERCC-1 REQUEST FORM



UCL Advanced Diagnostics

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FOR LABORATORY USE ONLY

UCL-AD number: _____

Material received: _____

Price(to be invoiced): _____

Date received: _____

PATIENT/SAMPLE DETAILS

REGISTRATION
NUMBER: _____

SURGICAL CASE ID: _____

DOB: _____

M

F

TUMOUR TYPE + GRADE: _____

REFERRING HOSPITAL DETAILS

REFERRING HOSPITAL: _____

PHONE: _____

CONTACT PERSON: _____

FAX: _____

STAINING DETAILS

Antibody Lot No: _____

Detection Kit Lot No: _____

Instrument serial no: _____

ERCC-1 IHC REPORT

COMMENTS:

ERCC-1 positive

ERCC-1 negative

SIGNED: _____

DATE: _____

Reporting Consultant Histopathologist