

# ER STATUS REQUEST FORM

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IQC	INITIALS	DATE
CUT		
LABELLED		
COLLATED		
QC		
PACKAGED		

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## FOR LABORATORY USE ONLY

UCL-AD number: \_\_\_\_\_ Material received: \_\_\_\_\_  
Price(to be invoiced): \_\_\_\_\_ Date received & Initials: \_\_\_\_\_

## PATIENT/SAMPLE DETAILS

SURNAME: \_\_\_\_\_ SURGICAL CASE ID: \_\_\_\_\_  
FORENAME: \_\_\_\_\_ TUMOUR TYPE + GRADE: \_\_\_\_\_  
DOB: \_\_\_\_\_ M  F  HER2 STATUS (if known): \_\_\_\_\_

## REFERRING HOSPITAL/INVOICING DETAILS

REFERRING HOSPITAL: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ FAX: \_\_\_\_\_

## ER IHC STATUS

PROPORTION and INTENSITY SCORE (please circle)

QUICK SCORE RESULT (Proportion + Intensity)

SCORE	% nuclei	Intensity nuclei
0	None	None
1	<1	Weak
2	1-10	Moderate
3	11-33	Strong
4	34-66	
5	67-100	

COMMENTS:

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

Dr Mary Falzon/Dr Elaine Borg