

HNPCC REQUEST FORM

UCL Advanced Diagnostics

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IQC	Initials	Date
CUT		
LABELLED		
COLLATED		
QC		

FOR LABORATORY USE ONLY

UCL-AD number: _____ Material received: _____
Price(to be invoiced): _____ Date received & Initials : _____
Sections required: _____ Date: _____
Cutting comments: _____

PATIENT/SAMPLE DETAILS

SURNAME: _____ SURGICAL CASE ID: _____
FORENAME: _____ TISSUE TYPE: _____
DOB: _____ M F Tick here if PCR sections are required

REFERRING HOSPITAL/INVOICING DETAILS

REFERRING HOSPITAL: _____ PHONE: _____
CONTACT PERSON: _____ FAX: _____

HNPCC IHC REPORT

ORGAN

Colo-rectal
Ovary
Endometrium
Other; _____

TUMOUR

Adenoma
Adenocarcinoma
Differentiation:
Well
Moderately
Poorly

IHC

Normal expression

hMLH1
hMSH2
hMSH6
PMS2

Loss of expression

hMLH1
hMSH2
hMSH6
PMS2

COMMENTS:

SIGNED: _____

DATE: _____

Reporting consultant pathologist