



UCL-ADVANCED DIAGNOSTICS - IHC/ISH REQUEST FORM

PATIENT DETAILS		IQC	INITIALS	DATE	LABORATORY USE ONLY
SURNAME: FORENAME: DATE OF BIRTH: SURGICAL NO: TISSUE TYPE: CLINICAL DETAILS:		CUT			UCL-AD NO:
		LABELLED			
		COLLATED			DATE RECEIVED & INITIALS:
		QC			
		PACKAGED			
ANTIBODIES/ISH PROBES REQUESTED					
REFERRAL DETAILS					
Hospital:	Blocks/Slides:				
Pathologist:	Date Requested:				
INVOICING DETAILS (if different from above)				CHARGE:	