

**PATIENT DETAILS**

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

NHI number: \_\_\_\_\_

D.O.B:     /     / \_\_\_\_\_

Histology no: \_\_\_\_\_

**REQUESTING DOCTOR**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date of request:     /     / \_\_\_\_\_

**CLINICAL INFORMATION**

Does the patient have (please tick one):

- Early breast carcinoma  
 Metastatic breast carcinoma

**HISTOPATHOLOGY DETAILS** *(to be filled out by referring lab)*

Referring laboratory: \_\_\_\_\_

Biopsy site: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Grade: \_\_\_\_\_

Result of HER2 Immunohistochemistry (IHC): 3+ 2+ 1+ 0

Antibody used (if known): \_\_\_\_\_  
\_\_\_\_\_

ER + / - \_\_\_\_\_

PR + / - \_\_\_\_\_

**COPY OF REPORT TO**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**INTERNAL LAB USE ONLY**

Lab number: \_\_\_\_\_ Received by: \_\_\_\_\_

Date received:     /     / \_\_\_\_\_ Time received: \_\_\_\_\_

**Please ensure you have included the following:**

- 6x poly-L slides at 4µm      A copy of the pathology report  
 1x H&E slide, region of interest circled

**Please note:** In accordance with IGENZ policy and IANZ recommendations, all slides and the referral form must contain the **same two forms of identification** - preferably patient surname and laboratory number.

**Send all items, in the padded envelope provided, to:** IGENZ, Level 2, Quay Park Health, 68 Beach Road, Auckland 1010.

**EXPLANATORY NOTES:**

FISH analysis for HER2 gene amplification is recommended in patients with equivocal immunohistochemical staining for HER2. Roche have undertaken to fund HER2 FISH on tumour tissue specimens from patients with **equivocal (2+) immunohistochemistry**. If this patient does not fulfil this criteria, FISH will not normally be funded by Roche, but may still be arranged through this laboratory. Enquiries about this, or other aspects of this test should be directed to Paul Oei at IGENZ: phone (09) 307 3981 or 0508 IGENZNZ (0508 4436969) or email p.oei@igenz.co.nz. Additional copies of this form for FISH HER2 analysis are available at [www.igenz.co.nz](http://www.igenz.co.nz).