

Patient Information

Surname:

First name:

NHI:

DOB:

Sex:

Referral Indication & Clinical Information

Specimen type:

Date and time collected:

Referring laboratory reference:

Pathology report attached: Y / N

Patient history and clinical indication:

Test/s requested:

Reporting Information

Referring Dr:

Email:

Address:

Signature/Date:

Copy to Dr:

Email:

Address:

Copy to Dr:

Email:

Address:

Supplementary Information (If required):

General Requirements

2 forms of ID on sample, identical to referral form

Completed request form

Specific Requirements for Paraffin Tissue

FISH only

- 2 x 2–4 micron sections on polylysine coated slides per probe requested
- Area of interest marked on an H&E slide
- Pathology report

Molecular Oncology (+/- FISH)

- 5 x 2–4 micron sections on polylysine coated slides
- Tumour area marked on an H&E slide
- % tumour recorded in supplementary information (above)
- Pathology report

Contact information: IGENZ LTD, Level 2, Quay Park Health, 68–70 Beach Road, Auckland 1010, PO Box 106542, Auckland 1143
New Zealand T +64 9 307 3981 F +64 9 307 3983 info@igenz.co.nz www.igenz.co.nz