

Southern Community Laboratories Ltd

PD-L1 Referral Form

(To be accompanied by a Consent and Payment form)

Indication for testing

**NB: Non-small lung cancer referrals through MSD
(DPOC.NZ@merck.com)**

Patient Information:

Surname: _____

First Names: _____

Date of Birth: _____ NHI: _____

Requesting Clinician Information:

Name: _____

E-mail: _____

Contact phone number: _____

Fax: _____

Laboratory Information:

Laboratory to send the below to

**Anatomical Pathology – Level 2
Southern Community Laboratories Ltd (Dunedin)
Plunket House
472 George St
Dunedin 9016**

1. 4 x slides of 4 micron sections placed at the upper end of coated slides undried (freshly cut FFPE tissue – 100 cells required)
2. Copy of the original pathology report from source laboratory (including specimen type, date and time collected, laboratory specimen number)
3. This form, received from and completed by referring clinician



Plunket House, 472 George Street,
PO Box 6064, Dunedin, New Zealand
Telephone 0800 101 444