

# ALK D5F3 IHC Request Form

Indication for testing: EGFR negative lung adenocarcinoma

**REQUESTOR TO COMPLETE:**

**Patient:** NHI: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Given names: \_\_\_\_\_

**Requesting Clinician:**

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

E-mail: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

**Copy of Report to:**

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

E-mail: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

**FORWARD THIS REQUEST FORM TO THE LOCAL ANATOMICAL PATHOLOGY LABORATORY**

**Ultra test code: LSH**

**ANATOMICAL PATHOLOGY LABORATORY INSTRUCTIONS**

**CMS number:** \_\_\_\_\_

**Event/Encounter number for CMS number:** \_\_\_\_\_

**Daybook number:** \_\_\_\_\_ **Block to use for ALK D5F3:** \_\_\_\_\_

**Send the following:**

1. 4 x slides of 4u sections placed at the upper end of coated slides undried (freshly cut FFPE tissue)
2. Copy of the original pathology report from source laboratory (including specimen type, date and time collected, laboratory specimen number)
3. This request form

**To: Anatomical Pathology – Level 2**

Southern Community Laboratories Ltd (Dunedin)  
Plunket House  
472 George St  
Dunedin 9016