

PD-L1 (SP142) Triple Negative Breast Cancer Referral Form

(To be accompanied by a SCL Biomarker Consent and Payment form)

Indication for testing:

Patient Information:

NHI:

Surname:

First Names:

Date of Birth:

Requesting Clinician Information:

Name:

E-mail:

Contact phone number:

Referral Laboratory Instructions:

Please send the following:

1. 4 x slides of 4 micron sections placed at the upper end of coated slides undried (freshly cut FFPE tissue – 50 cells required); **please note Cytology specimens and Specimens subjected to decalcification are not suitable for analysis**
2. Copy of the original pathology report from source laboratory (including specimen type, date and time collected, laboratory specimen number)
3. This form completed by the referring clinician

Send to:

Anatomical Pathology – Level 2

Southern Community Laboratories (Dunedin)

Plunket House

472 George St

Dunedin 9016

Date referred: