**PD-L1 Request Form**

**\*\*N.B. - Please refer to testing requirements and request form guidelines on page 2\*\***

|  |
| --- |
| 1. **Patient Identification**
 |
| Name: |
| Address: |
| Sex: M 🖵 F 🖵 U 🖵 |
| DOB: |
| External Hospital MRN: |
| SJH MRN (if applicable): |

|  |
| --- |
| 1. **Requesting Clinician Details**
 |
| Name: |
| Address: |
| Sent by: |
| Date: |
| Contact number/email: |
|

|  |
| --- |
| 1. **Sample Details**
 |
| Referring Hospital Case no: |
| SJH Case number (if applicable): |
| Material Sent: No. of Slides:\_\_\_\_ Copy of Report:\_\_\_\_ | **SJH Use Only** |
|  |
| Sample Type: |
| Clinical Details: |
| Comments/Other: |

|  |
| --- |
| 1. **SJH Use Only**
 |
| Date received: | SJH No:  |
| Received By: |

**\*\*Please Note:**

* **All** PD-L1 requests must be accompanied by a completed PD-L1 request form (see guidelines below).
* If sending **external material for PD-L1 testing only**, please refer to Testing Requirements below.
* If sending **external material for both PD-L1 and CMD Molecular Lung Panel:**

-Please send material for PD-L1 testing (as per testing requirements below**)** to:

 *Histopathology Department, CPL, St James’s Hospital, Dublin 8*

-And separately the tissue block for Molecular Lung Panel with accompanying CMD form to:

 *Cancer Molecular Diagnostics, St James’s Hospital, Dublin 8*

* If this is an **external PD-L1 request on a SJH case,** please complete PD-L1 request form (see guidelines below) and forward to cmd@stjames.ie

**PD-L1 Testing Requirements**

Please send the following to *Histopathology Dept, CPL, St James’s Hospital, Dublin 8*:

* + Completed PD-L1 request form & a copy of pathology report.
* Minimum of 4 charged slides with unstained sections.

**Guidelines on Request Form**

**1-Patient Identification**

-Please enter full patient details.

-MRN- Please enter the external hospital and the patients MRN.

-SJH MRN- If this is an external PD-L1 request on a SJH case, please enter the MRN if available.

**2-Requesting Clinician Details**

 -Please enter full name and address of requesting clinician.

 -Please enter senders name, contact number/email and date sent.

**3-Sample Details**

 -Referring Hospital Case No

 -Please enter case number (and suffix) of referring slides

 -SJH Case No

-If this is an external PD-L1 request on a SJH case, please indicate that it is an SJH case and also the SJH case number if available.

 -Please indicate material sent (number of slides)

 -For external requests, please enclose a copy of the pathology report.

 -Please indicate the sample/tissue type and brief clinical details.

**Contact Details**

**PD-L1 Testing Queries**

Please Contact:

*Immunohistochemistry Dept,*

*CPL,*

*St James’s Hospital,*

*Dublin 8*

01-4103009

immunohistochemistry@stjames.ie

**PD-L1 Result Queries**

Please Contact:

*Histopathology Office,*

*CPL,*

*St James’s Hospital,*

*Dublin 8*

01-4162992

histosec@stjames.ie