

| STJH CENTRE for LABORATORY MEDICINE & MOLECULAR PATHOLOGY | | | | |
|-----------------------------------------------------------|-----------------------|----------------------------------|------------------------------------------|--------------|
| Edition No.: | 3 | Laboratory Form | Doc No: | LF-HIST-0525 |
| Authorised By | Castriciano, Giuseppa | Date 16 th April 2024 | Date of Issue: 14 th May 2024 | |

FISH Request Form

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

- Completed FISH request form & a copy of pathology report.
- H&E slide, HER2 IHC slide and 3 charged slides with unstained sections for HER2 FISH request.
- Block to be analysed for ALK or ROS1 FISH request.

| 1. Patient Identification | | | | |
|---------------------------|----------------------------|----------------------------|----------------------------|--|
| Name: | | | | |
| Address: | | | | |
| Sex: | M <input type="checkbox"/> | F <input type="checkbox"/> | U <input type="checkbox"/> | |
| DOB: | | | | |
| External Hospital MRN: | | | | |

| 2. Requesting Clinician Details | | | | |
|---------------------------------|--|--|--|--|
| Name: | | | | |
| Address: | | | | |
| Sent by: | | | | |
| Date: | | | | |
| Contact number/email: | | | | |

| 3. Sample Details | | | | |
|-----------------------------|----------------------|--|--|--------------------------|
| Referring Hospital Case no: | | | | |
| Material Sent: | | | | SJH Use Only |
| No. of Slides:_____ | Copy of Report:_____ | | | <input type="checkbox"/> |
| No. of Blocks:_____ | | | | |
| Sample Type: | | | | |
| Clinical Details: | | | | |

| 4. SJH Use Only | | | | |
|-----------------|---------|--|--|--|
| Date received: | SJH No: | | | |
| Received By: | | | | |

Case referred externally for (click appropriate): HER2 FISH **Q109** [] ALK FISH **Q111** []
 ROS1 FISH **Q113** []