PD-L1 on NSCLC samples 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):

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

3. 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:	

4. 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). PD-L1 request on NSCLC samples only will be performed.
- 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 unbaked 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