**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](mailto: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](mailto:immunohistochemistry@stjames.ie)

**PD-L1 Result Queries**

Please Contact:

*Histopathology Office,*

*CPL,*

*St James’s Hospital,*

*Dublin 8*

01-4162992

[histosec@stjames.ie](mailto:histosec@stjames.ie)