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|-----------------|----------|----------------|------------|
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| Version Number: | 2.1      |                |            |

## PD-L1 EXPRESSION TESTING PRIOR TO NIVOLUMAB THERAPY (DAKO PD-L1 IHC 28-8 pharmDx KIT)

| PATIENT DETAILS |      |           |         |
|-----------------|------|-----------|---------|
| SURNAME:        |      | FORENAME: |         |
| DOB:            | SEX: | NHS No:   |         |
| HOSPITAL No:    |      | ROUTINE:  | URGENT: |

| REFERRING CLINICIAN & REPORT DESTINATION      |                                      |                                    |                          |
|---|--------------------------------------|------------------------------------|--------------------------|
| NAME:   |                                      | HOSPITAL:                          |                          |
| EMAIL:  |                                      | TEL:                               |                          |
| REPORT DESTINATION .NET EMAIL(s):             |                                      |                                    |                          |
| PLEASE TICK TO INDICATE INVOICING PREFERENCE: | <input type="checkbox"/> PATHOLOGIST | <input type="checkbox"/> PHYSICIAN | <input type="checkbox"/> |

| SAMPLE / CLINICAL DETAILS |                |              |  |
|---------------------------|----------------|--------------|--|
| PATHOLOGY HOSPITAL:       |                | DATE SENT:   |  |
| REPORT / PATHOLOGY No:    |                | SPEC TYPE:   |  |
| SECTION CUT DATE:         | DRYING LENGTH: | DRYING TEMP: |  |

| SPECIMEN REQUIREMENTS   | MOLECULAR CONTACT DETAILS  |
|---|--|
| <ul style="list-style-type: none"> <li>• Details of block requirement / section preparation can be found on our website: <a href="http://qehbpathology.uk">qehbpathology.uk</a></li> <li>• Please supply copy of original Histopathology report.</li> <li>• Residual material will be returned to you as soon as possible.</li> </ul> | <p><b>Please send material to:</b><br/>           The Molecular Pathology Diagnostic Service<br/>           Clinical Laboratory Services, Level -1<br/>           Queen Elizabeth Hospital – Birmingham<br/>           B15 2WB<br/> <b>T : 0121 3713320 / 13325</b><br/> <b>E : <a href="mailto:mpds.enquiries@nhs.net">mpds.enquiries@nhs.net</a></b></p> |

| UHB LAB USE ONLY – PLEASE DO NOT COVER |                    |                    |
|--|--------------------|--------------------|
| DATE SENT:                             | DATE RECV'D:       | MATERIAL:          |
| BOOKED IN:                             | BOOKING CHECK:     |                    |
| UHB REG: ZP                            |                    | TISSUE ASSESSMENT: |
| SECTIONING STAFF:                      | BLOCK/SLIDE CHECK: |                    |
| SPECIAL CUTTING INSTRUCTIONS:          |                    |                    |