


Unique Identifier	LF-Hist-CPP-IHC-sp142 Testing request form	Version No.	1.0	<p style="text-align: center;">The Christie</p> <p style="text-align: center;">Pathology Partnership</p> <p style="text-align: center;">A joint venture with SYNLAB </p>
Approval	Catherine Billington, Karen Graham	Date of Issue	10/04/2019	
Author	Elizabeth Beckett,	Frequency	Annually	

BLADDER CARCINOMA

PDL1 EXPRESSION TESTING PRIOR TO PDL1/PD1 THERAPY

PD-L1 SP142 IHC FOR ATEZOLIZUMAB □

Patient details

Surname: Forename: DOB:

Requesting Physician

Name:

Hospital Name and Address:

Postcode: Tel: Fax: Email:

Pathology details

Pathology Hospital Report/Pathology number

[Invoicing Information \(please also give an indication whether physician or pathologist to be invoiced\)](#)

<p>Requesting Physician / Oncologist</p> <p>Physician / Oncologists Hospital / Trust</p> <p>(Name, email and Full Postal Address)</p>	
<p>Referring Pathologist</p> <p>Pathologists Hospital / Trust (if different)</p> <p>(Name, email and Full Postal Address)</p>	
<p>Hospital where the patient is being treated</p> <p>Purchase Order Number (if available)</p>	
<p>MDT Coordinator(s)</p> <p>(Name, email and Full Postal Address)</p>	
<p>Specimen Requirements:</p> <p>PDL1 expression testing</p> <ul style="list-style-type: none"> Tissue Type A sample of tumour (paraffin block from biopsy or tumour resection, or a cell block) or unstained mounted sections from the tumour (minimum of 3 slides per test). Unstained slides for SP142 testing should be cut at 3um and mounted on Roche TOMO 11/90 slides. A copy of the original Pathology report where possible. <p>Residual material will be returned to you as soon as possible.</p>	<p>Please send material to:</p> <p><u>Pathology Contact Details:</u></p> <p>Path Office number 0161 446 8540 (admin queries)</p> <p>IHC number 0161 446 3221 (technical queries)</p>