

<p><u>HER 2 FISH REQUEST FORM</u></p> <p>Cytogenetics Laboratory UNC Hospitals; McLendon Laboratories and Department of Pediatrics Rm 1071, 1st Floor Memorial Hospital 101 Manning Drive Chapel Hill, NC 27514 Phone: (984) 974-1790 Fax: (984) 974-1666</p>	<p>Medical Record #: _____</p> <p>Patient Name: _____</p> <p>Date of Birth: _____</p> <p>Sex: _____ Date: _____</p> <p>Pathology Specimen # _____ Block # _____</p>
<p>Attending physician requesting study: Office address: Phone Number: Pager # :</p>	<p>For lab use only Lab No: Date Rec'd:</p>

1. **Indication for HER2 FISH study:** _____

2. **Tissue type (please check):** breast lymph node other (please specify) _____

3. **Specimen collection date:** _____

4. **Sample type (please check):** paraffin embedded* other (please specify) : _____

** For all paraffin embedded tissues mark the relevant region(s) for analysis on the H&E slide(s). This is a CAP requirement and we cannot process the slide without this information. Circle all regions of invasive cancer; if possible these regions should not include in situ carcinoma.*

Specimen requirements: ≥2 unstained 4-5 micron thick slides and an adjacent H&E-stained slide of the same block are required. Outside cases must include a copy of the surgical pathology report.

5. **For each BREAST CANCER SPECIMEN provide the requested CAP required information:**

• **Indicate the patient's IHC result** 0 1+ 2+ 3+

• **Estimate the percentage of malignant cells on the slide:**
 all tumor
 other (please specify %) : _____

• **Is there evidence of both invasive and in situ carcinoma within the region marked for FISH scoring?** yes* no
**If possible only regions with invasive and without in situ carcinoma should be marked for scoring.*

• **Are there two or more malignant cell populations evident by either morphology or HER2 IHC?** yes no
 If yes, does each population constitute at least 10% of the entire tumor on the slide? yes no
 Please provide pertinent information regarding the suspected heterogeneity and mark these areas separately, if possible:

• **Indicate the fixation conditions for this patient's sample:**
 Paraffin sample **fixation requirements have been met** (≤ 1 hour from excision to fixation and 10% neutral buffered formalin for ≥6 hours and ≤72 hours)
 Paraffin sample **fixation requirements were NOT met.** The sample was fixed as follows: _____

6. **Signature of pathologist who marked the relevant region(s) and completed this form:**

_____ *Date* _____

7. **Copies of Lab report should be sent to: (PRINT)** _____

*All slides should be delivered to the Cytogenetics Laboratory or the Core Laboratory, both of which are located on the 1st floor of Memorial Hospital. If the slides are to be delivered to the Core Laboratory, please alert the Cytogenetics Lab (984-974-1790).