

Immunohistochemistry Laboratory
Adult Histopathology
Manchester Royal Infirmary
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IHC/ISH REQUEST FORM

PATIENT DETAILS		IQC - REFFERING LABORATORY			
SURNAME		DATE SECTIONED		INITIALS	
FORNAME		DATE POSTED		INITIALS	
DATE OF BIRTH					
		IQC - TESTING LABORATORY			
REFERRAL DETAILS		DATE PERFROMED		INITIALS	
HOSPITAL		DATE QC'D		INITIALS	
LABORATORY MANAGER		DATE RETURNED		INITIALS	
BLOCK/SLIDE NUMBER(S) TISSUE TYPE		III	HC/ISH TEST(S) REQUEST	ED	
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PO NUMBER*					
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