

TEST REQUISITION FORM

HAP-HISTOANATOMIC PATHOLOGY

| | PATIENT DETAILS | | | |
|---|--|--|--|--|
| | (In BLOCK letters) | | | |
| | Full Name DDMMYYYY YYMM DOB / / Age / Gender M F Ethnicity E-mail ID Contact No. | | | |
| | Contact No. | | | |
| | REFERRING CLINICIAN (In BLOCK letters) | | | |
| | Clinician Name | | | |
| | Hospital | | | |
| | E-mail ID Contact No. | | | |
| | | | | |
| | | | | |
| | TYPES OF SPECIMEN———————————————————————————————————— | | | |
| | Formalin fixed tissue Body Fluid (At least 1 litre) or cell block Paraffin block & stained slides of tumor tissue | | | |
| | No. of paraffin blocks and details : | | | |
| | (Note: STMPL choose the best block(s) based on initial morphologic assessment for further IHC PDL-1 study . It makes all efforts to perserve and not exhaust tissue entirely under study. However in small thin/ tiny specimen, there is a possibility of exhausting the tissue to ensure quality and reliability of the results.) | | | |
| | Time Formalin fixation (10% neutral buffered formalin) : known:hours / unknown | | | |
| | (CAP/ASCO recommendation : for breast markers and GI Her2neu, the cold ischemic time should be < 01 hours and optimal fixation for ER/PgR/Her2Neu) | | | |
| Site of biopsy (10% neutral buffered formalin): | | | | |
| | Clinical details : | | | |

Neuberg Supratech Reference Laboratories Private Limited

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| Radiological findings | | |
|-------------------------|-----------------------------------|---|
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| Details of previous bid | ppsy or cytology report : | |
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| ••••• | | |
| ••••• | | |
| Immunohistochemistr | y study report: | |
| | | |
| | | |
| | | |
| ER, PR, Her2 neu statu | ıs: | |
| | | |
| ••••• | | |
| treatment with PDL-1 | inhibitors.The specific PDL-1 clo | cific tumor type in order to predict their responses to ne scoring method and eligibility requirements are rious treatment outcomes and specific PDL-1 inhibitors |
| Tick | Clone | Drug |
| | Sp263 | Nivolumab (opdivo) |
| | Sp263 | Durvalumab (imfinzi) |
| | Sp142 | Atezolilumab (Tecentriq) |
| | Sp142 | Atezolilumab (Tecentriq) |
| | Sp142 | Atezolilumab (Tecentriq) Plus nab- paclitaxel (Abaxane) |
| | 22C3 | Pembrolizumab |

Signature and Contact Number of (Requester):

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