**UCLH Neuropathology IHC Request Form**

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| **Referral Details** |
| **Referral Centre** |  |
| **Referring Pathologist** |  |
| **Number of Slides** |  |
| **Number of Blocks** |  |
| **Date Requested** |  |
| **Specimen/ Patient Details** |
| **Referral Lab Number** |  |
| **Patient First Name** |  |
| **Patient Last Name**  |  |
| **DOB** |  |
| **NHS Number** |  |
| **IHC Request** |
| **Antibody/ Stain** | **Slide/ Block ID** |
|  |  |
| **Lab Use Only (Date and Initial)** |
| **Received** |  |
| **Internal Lab Number**  |  |
| **Cut and Stained** |  |
| **QC** |  |
| **Returned** |  |
| **Neuropathology Contact Details** |
| **Phone**: 020 3448 4234 **Email:** uclh.office.neuropathology@nhs.net **Web:** <https://www.uclh.nhs.uk/our-services/find-service/neurology-and-neurosurgery/neuropathology>UCL Institute of Neurology, 1st Floor Neuropathology, Queen Square House, Queen Square, London, WC1N3BG |