**Request for Laboratory Services**
**HISTOPATHOLOGY DEPARTMENT**
**Central Pathology Laboratory,**
**St. James's Hospital, Dublin 8.**
**Tel.: 4162063**

**Date/Time Received:**

***FOR LABORATORY USE ONLY.***
***PLEASE AFFIX SPECIMEN NUMBER BARCODE LABEL HERE***

**Request Details (Complete Fully OR Attach an Addressograph Label inside the dotted line below):**

**Hospital**

**Patient's MRN**

**Surname**

**First Name**

**Date of Birth** / / **Male** **Female**

**Patient's Address:** _____

**Consultant's Name:**

**Signature of Person Making the Request:**

**Contact Number for urgent results:**

**Ward or Clinic Name:**

**Clinical Details:**

**Please tick to confirm that the following items are accompanying the request form:**

**The Histopathology Report from the Requesting Location** **Referring Hospital Laboratory Number:**

**The block(s)/slide(s) to be analysed** **Please specify the number of blocks/slides referred: Blocks [ ] Slides [ ]**

**Tests Requested (Please tick):**

| | | |
|---|---|---|
| **1.** | **MYC Dual Colour Break Apart probe** | **[ ]** |
| **2.** | **IGH/MYC t(8;14)(q24:q32)** | **[ ]** |
| **3.** | **IGH/BCL2 t(14;18)(q32:q21)** | **[ ]** |
| **4.** | **BCL2 Dual Colour Break Apart probe** | **[ ]** |
| **5.** | **BCL6 Dual Colour Break Apart Probe** | **[ ]** |
| **6.** | **MALT Dual Colour Break Apart Probe** | **[ ]** |
| **7.** | **IGH/CCND1 t(11;14)(q13:q32)** | **[ ]** |
| **8.** | **Epstein Bar Virus (EBV EBER) ISH** | **[ ]** |

**Note:**
**If diagnosis is DLBCL, GCB subtype, ? Double-hit lymphoma then tests 1-5 will be performed.**
**If diagnosis is DLBCL, NGC subtype then tests 1-2 will be performed.**

**Date of Collection of original specimen: ___/___/_____**

**Case reviewed and final choice of tests confirmed.**
**Signature of Reviewing Pathologist: _____ Date: ___/___/_____**