



**Request for Review of Pathology Material
London Laboratory Services Group
Department of Pathology
(Fax 519-663-2930)**

TO: (Pathologist or Specialty Team)

Request Details (please provide as much information as you can to avoid delays)

PATIENT INFORMATION

NAME:

OHIN#:

DOB:

LRCP#:

Originating hospital name:

Originating case number:

(attach all copies of reports)

CLINICAL INFORMATION / Reason for Review :

Review of outside material (*copies of report included*)

ER/PR Immunohistochemical Testing

HER2/neu testing

Other _____

Requested by _____

Contact info _____

Request faxed to originating hospital by _____

Note: Requests for outside testing (K-RAS, EGFR etc) require standard requisitions used by site where the testing will be done.