Document Code:	MOL.F591	Date of Issue:	11/12/2025
Version Number:	1.0		

NHS
University Hospitals Birmingham
NHS Foundation Trust

ABBVIE FUNDED TESTING SERVICE - FOLR1 IHC REQUEST FORM

TESTS REQUESTED (ONLY TO BE USED IF TUMOUR/DISEASE SPECIFIC FORM IS NOT AVAILABLE)
VENTANA FOLR1 IHC (FOLR1-2.1) RxDx Assay, Funded Testing Program, CE-IVD **Ovarian Cancer - high-grade serous epithelial ovarian, primary peritoneal, or fallopian tube cancer.**

PATIENT DETAILS					
SURNAME:		FORENAME:			
DOB:	SEX:	NHS No:			
HOSPITAL No:		ROUTINE:		URGENT:	

REFERRING CLINICIAN & REPORT DESTINATION				
NAME:	HOSPITAL:			
EMAIL:	TEL:			
PLEASE TICK TO INDICATE INVOICING PREFERENCE:	PATHOLOGIST		PHYSICIAN	

SAMPLE / CLINICAL DETAILS	
PATHOLOGY LAB:	DATE SENT:
EXTERNAL LAB ID:	SPECIMEN:
KNOWN DECALCIFICATION PROCESSES:	

INFO & SPECIMEN REQUIREMENTS	MOLECULAR CONTACT DETAILS
• **Details of block requirement / section preparation can be found on our website: qehbpathology.uk** • **Please supply copy of original Histopathology report.** • **Residual material will be returned to you as soon as possible.**	**Please send material to:** Molecular Pathology Diagnostic Service Clinical Laboratory Services, Level -1 Queen Elizabeth Hospital – Birmingham, B15 2WB **T : 0121 3713325** **E : mpds.enquiries@nhs.net**

MPDS OFFICE USE		
DATE RVD:	**RVD BY:**	**MATERIAL:**
BOOKED:	**CHECKED:**	
REG: ZP		

MPDS LABORATORY USE					
SECTIONING STAFF:			**SECTIONING CHECK:**		
TUMOUR CONTENT:			**HE ASSESSOR NAME:**		
			HE ASSESSMENT DATE:		
TEST TYPE:	**IHC**	**FISH**	**IDYLLA**	**DNA**	**RNA**
CUTTING REQUIREMENTS:	**x 3um**	**x 2um**	**5um**	**2 x 6um**	**10 x 6um**
	x 4um		**10um**	**3 x 6um**	**8 x 6um**
MACRODISSECTION:	**YES**	**NO**	**SPECIAL CUTTING INSTRUCTIONS:**		
SLIDES	**SCROLLS**				

This FOLR 1 testing service is funded by AbbVie UK Ltd for NHS Patients