




### Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

<b>Immunocytochemistry</b> <b>Max Breast Evaluation Panel (ER,PR &amp; C-erb2/her-2-neu)</b>	 SIN No: B2B3367985
---	---

#### **C-erb2/her-2-neu - Immunohistochemistry\***

Report entered in other bill.

#### **ImmunoHistoChemistry ER (Estrogen Receptor)\***

Report entered in other bill.

#### **ImmunoHistoChemistry PR (Progesterone Receptor)\***

#### **Immunohistochemistry (IHC) Number:**

**IHC-2922/23 to 2925/23 (SB-5213/23) (B)**

#### **Specimen Type:**

Breast lump, tru cut biopsy

#### **Histopathology Impression:**

Invasive duct carcinoma, NST

#### **Immunohistochemistry (IHC) Test:**

- 1) Estrogen Receptor (ER).
- 2) Progesterone Receptor (PR).

#### **Immunohistochemistry (IHC) Result:**

IHC Marker	Percentage of Positive Nuclei	Proportion Score (PS)	Intensity of Staining	Intensity Score (IS)
<b>Estrogen Receptor (ER)</b>	None	0	None	0
<b>Progesterone Receptor (PR)</b>	None	0	None	0

#### **Sum of proportion score and intensity Score (Total Score)**

IHC Marker	Allred Score	Result
<b>Estrogen Receptor (ER)</b>	<b>0/8</b>	<b>Negative</b>
<b>Progesterone Receptor (PR)</b>	<b>0/8</b>	<b>Negative</b>

Test Performed at :1060 - Max Hospital Shalimar Bagh, Max Lab


Booking Centre :2504 - D.R.Maternity & Nursing Home, C2/3, Pragati Market, Ashok Vihar II, Delhi, 110052

The authenticity of the report can be verified by scanning the Q R Code on top of the page



### Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

<b>Immunocytochemistry</b>	 SIN No: B2B3367985
<b>Max Breast Evaluation Panel (ER,PR &amp; C-erbB2/her-2-neu)</b>	

<b>Control</b>	<b>Interpretation</b>
Internal	Negative for ER & PR
External	Positive for ER & PR

#### Comments:

- a) A positive result is based on nuclear staining within the tumor and defined as a total score of  $\geq 3$  using the Allred scoring guidelines.
- b) **Detection System:** ultra View Universal DAB Detection kit - VENTANA (IVD).
- c) **Primary Antibodies:**  
**ER** - CONFIRM anti-Estrogen Receptor (SP1) Rabbit Monoclonal Primary Antibody - VENTANA (IVD).  
**PR** - CONFIRM anti-Progesterone Receptor (1E2) Rabbit Monoclonal Primary Antibody - VENTANA (IVD).

#### Immunohistochemistry (IHC) Test:

Her-2 (c-erb B2).

#### Immunohistochemistry (IHC) Result:

Marker	Score	Result
Her-2 (c-erb B2)	3+	Strongly positive.

#### Interpretation:

Score	Result
0 & 1+	Negative
2+	Weakly Positive *
3+	Strongly Positive

\* Confirmation by FISH is required in weakly positive cases.

#### Note:

- 1) Positive controls have been run alongside the test and found to be appropriately immunostained.
- 2) **Detection System:** ultra View Universal DAB Detection kit - VENTANA (IVD).
- 3) **Primary Antibody:-** PATHWAY anti-HER-2/neu (4B5) Rabbit Monoclonal Primary Antibody - VENTANA (IVD).

Test Performed at :1060 - Max Hospital Shalimar Bagh, Max Lab

Page 2 of 3

Booking Centre :2504 - D.R.Maternity & Nursing Home, C2/3, Pragati Market, Ashok Vihar II, Delhi, 110052

The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050

(CIN No.: U85100DL2021PLC381826)


📞 Helpline No. 7982 100 200 🌐 www.maxlab.co.in 📧 feedback@maxlab.co.in

**Conditions of Reporting:** 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.



### Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

<b>Immunocytochemistry</b> <b>Max Breast Evaluation Panel (ER,PR &amp; C-erb2/her-2-neu)</b>	 SIN No:B2B3367985.
---	---

### **Immunohistochemistry (IHC) Test:**

**Ki-67 - 35-40%**

Kindly correlate with clinical findings

\*\*\* End Of Report \*\*\*



**Dr.Kavita Jain , D.C.P.,D.N.B**  
Consultant Histopathology

Test Performed at :1060 - Max Hospital Shalimar Bagh, Max Lab

Page 3 of 3

Booking Centre :2504 - D.R.Maternity & Nursing Home, C2/3, Pragati Market, Ashok Vihar II, Delhi, 110052

The authenticity of the report can be verified by scanning the Q R Code on top of the page

**Max Lab Limited** (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

**Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050**

(CIN No.: U85100DL2021PLC381826)

📞 **Helpline No. 7982 100 200** 🌐 [www.maxlab.co.in](http://www.maxlab.co.in) ✉ [feedback@maxlab.co.in](mailto:feedback@maxlab.co.in)

**Conditions of Reporting:** 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.