

Histology/Immunohistochemistry Laboratory Requisition

Patient Name: _____ **DOB:** _____ **Gender:** M F **ID#** _____
Hospital/Clinical Location: _____ **Requesting Physician/Phone/Fax:** _____
Clinical History: _____ **Provisional Diagnosis:** _____

<p>Bill To: <input type="checkbox"/> Insurance (Attach) <input type="checkbox"/> Client/Lab</p> <p>Specimen ID# _____</p> <p>Date Obtained _____</p> <p>Tissue Type</p> <p><input type="checkbox"/> Liver <input type="checkbox"/> Kidney-Diagnostic <input type="checkbox"/> Kidney-Transplant <input type="checkbox"/> Frozen <input type="checkbox"/> Lung <input type="checkbox"/> Prostate <input type="checkbox"/> Nerve <input type="checkbox"/> Skeletal Muscle <input type="checkbox"/> Skin <input type="checkbox"/> Other _____</p> <p>Condition</p> <p><input type="checkbox"/> Fixed Tissue <input type="checkbox"/> Fresh Tissue <input type="checkbox"/> Paraffin Blocks <input type="checkbox"/> Slides <input type="checkbox"/> Stained <input type="checkbox"/> Unstained Size: _____ Color: _____</p>	<p>Procedure</p> <p><input type="checkbox"/> Electron Microscopy <input type="checkbox"/> Electron Microscopy Tech only <input type="checkbox"/> Histology <input type="checkbox"/> Histology Tech only <input type="checkbox"/> Histochemistry (Muscle) <input type="checkbox"/> Immunohistochemistry <input type="checkbox"/> Immunofluorescence <input type="checkbox"/> Pathologic Consultation</p>	<p>For Laboratory Use Only</p> <p>Lab Accession # _____</p> <p>Date Received _____</p> <p>Date Completed _____</p>
<p>Required For ER/PR & HER2 Testing:</p> <p>Time tissue placed & removed from fixative: _____</p> <p>What type of fixative? _____</p>		

IMMUNOHISTOCHEMISTRY					
<input type="checkbox"/> A-1 ACT	<input type="checkbox"/> CD43	<input type="checkbox"/> Fascin	<input type="checkbox"/> Lysozyme	<input type="checkbox"/> Sox 11	IMMUNOFLUORESCENCE
<input type="checkbox"/> ACTH	<input type="checkbox"/> CD45RB	<input type="checkbox"/> FSH	<input type="checkbox"/> Mart 1	<input type="checkbox"/> Spirochete	<input type="checkbox"/> IF- Albumin
<input type="checkbox"/> AFP	<input type="checkbox"/> CD45RO	<input type="checkbox"/> Gastrin	<input type="checkbox"/> Mammaglobin	<input type="checkbox"/> Synaptophysin	<input type="checkbox"/> IF-C1Q
<input type="checkbox"/> ALK-1	<input type="checkbox"/> CD56	<input type="checkbox"/> GATA-3	<input type="checkbox"/> Mast Cell Trypsinase	<input type="checkbox"/> TCL-1a	<input type="checkbox"/> IF-C3
<input type="checkbox"/> B72.3	<input type="checkbox"/> CD57	<input type="checkbox"/> GCDFP-15	<input type="checkbox"/> MDM2	<input type="checkbox"/> TCRbf1	<input type="checkbox"/> IF-C4d
<input type="checkbox"/> BCL2	<input type="checkbox"/> CD61	<input type="checkbox"/> GFAP	<input type="checkbox"/> MUM-1	<input type="checkbox"/> TCR gamma	<input type="checkbox"/> IF- Fibrinogen
<input type="checkbox"/> BCL6	<input type="checkbox"/> CD68	<input type="checkbox"/> GH	<input type="checkbox"/> Myeloperoxidase	<input type="checkbox"/> TDT	<input type="checkbox"/> IF-IgA
<input type="checkbox"/> Ber-EP4	<input type="checkbox"/> CD71	<input type="checkbox"/> Glucagon	<input type="checkbox"/> Myogenin	<input type="checkbox"/> Thyroglobulin	<input type="checkbox"/> IF-IgG
<input type="checkbox"/> BOB 1	<input type="checkbox"/> CD79a	<input type="checkbox"/> Glycophorin A	<input type="checkbox"/> Neurofilament	<input type="checkbox"/> TIA-1	<input type="checkbox"/> IF-IgM
<input type="checkbox"/> Beta-Catenin	<input type="checkbox"/> CD99	<input type="checkbox"/> Glypican-3	<input type="checkbox"/> NSE	<input type="checkbox"/> TSH	<input type="checkbox"/> IF-Kappa
<input type="checkbox"/> CA19-9	<input type="checkbox"/> CD117	<input type="checkbox"/> HBME	<input type="checkbox"/> OCT 2	<input type="checkbox"/> TTF-1	<input type="checkbox"/> IF-Lambda
<input type="checkbox"/> CA-125	<input type="checkbox"/> CD123	<input type="checkbox"/> HCG-Beta	<input type="checkbox"/> OCT 3/4	<input type="checkbox"/> Vimentin	MUSCLE/NEUROMUSCULAR
<input type="checkbox"/> Calcitonin	<input type="checkbox"/> CD138	<input type="checkbox"/> Hemoglobin A	<input type="checkbox"/> P16	<input type="checkbox"/> WT-1	<input type="checkbox"/> Alkaline Phosphatase
<input type="checkbox"/> Calponin-1	<input type="checkbox"/> CD207	<input type="checkbox"/> Hepar	<input type="checkbox"/> P40 (P63)	<input type="checkbox"/> Other _____	<input type="checkbox"/> ATPase 4.5
<input type="checkbox"/> Calretinin	<input type="checkbox"/> CDK4	<input type="checkbox"/> Her2	<input type="checkbox"/> P53 (D07)		<input type="checkbox"/> ATPase 10.4
<input type="checkbox"/> Cam 5.2	<input type="checkbox"/> CDX-2	<input type="checkbox"/> HHV-8	<input type="checkbox"/> P62		<input type="checkbox"/> Esterase
<input type="checkbox"/> CA9	<input type="checkbox"/> CEA	<input type="checkbox"/> HMB-45	<input type="checkbox"/> Pan-Actin		<input type="checkbox"/> H & E
<input type="checkbox"/> CD1a	<input type="checkbox"/> Chromogranin	<input type="checkbox"/> H.pylori	<input type="checkbox"/> Pan Melanoma		<input type="checkbox"/> Myophosphorylase
<input type="checkbox"/> CD2	<input type="checkbox"/> CK5/6	<input type="checkbox"/> HSV 1	<input type="checkbox"/> Pax5		<input type="checkbox"/> NADH
<input type="checkbox"/> CD3	<input type="checkbox"/> CK7	<input type="checkbox"/> HSV 2	<input type="checkbox"/> Pax8		<input type="checkbox"/> Oil Red O
<input type="checkbox"/> CD4	<input type="checkbox"/> CK20	<input type="checkbox"/> IDH1	<input type="checkbox"/> PD1	<input type="checkbox"/> EBER (<i>IN-SITU</i>)	<input type="checkbox"/> PASH <input type="checkbox"/> + Diastase
<input type="checkbox"/> CD5	<input type="checkbox"/> Clusterin	<input type="checkbox"/> IgA	<input type="checkbox"/> PHH3		<input type="checkbox"/> Trichrome - Gomori
<input type="checkbox"/> CD7	<input type="checkbox"/> CMV	<input type="checkbox"/> IgD	<input type="checkbox"/> PIN 4	HISTOLOGY	<input type="checkbox"/> COX
<input type="checkbox"/> CD8	<input type="checkbox"/> CXCL13	<input type="checkbox"/> IgG	<input type="checkbox"/> PLAP	<input type="checkbox"/> H & E	<input type="checkbox"/> SDH
<input type="checkbox"/> CD10	<input type="checkbox"/> Cyclin-D1	<input type="checkbox"/> IgG4	<input type="checkbox"/> Polyomavirus(SV40)	<input type="checkbox"/> Congo Red	<input type="checkbox"/> COX/SDH Combined
<input type="checkbox"/> CD15	<input type="checkbox"/> D2-40	<input type="checkbox"/> IgM	<input type="checkbox"/> PR	<input type="checkbox"/> FITE	<input type="checkbox"/> Alpha Synuclein
<input type="checkbox"/> CD20	<input type="checkbox"/> Desmin	<input type="checkbox"/> Inhibin A	<input type="checkbox"/> Prolactin	<input type="checkbox"/> GMS	<input type="checkbox"/> Beta Amyloid
<input type="checkbox"/> CD21	<input type="checkbox"/> EBV-LMP	<input type="checkbox"/> Kappa	<input type="checkbox"/> PSA	<input type="checkbox"/> Masson Trichrome	<input type="checkbox"/> MAC
<input type="checkbox"/> CD23	<input type="checkbox"/> E-Cadherin	<input type="checkbox"/> Keratin AE1/3	<input type="checkbox"/> PSMA	<input type="checkbox"/> PAM	<input type="checkbox"/> Merosin
<input type="checkbox"/> CD25	<input type="checkbox"/> EGFR	<input type="checkbox"/> Keratin 903	<input type="checkbox"/> PTH	<input type="checkbox"/> PASH <input type="checkbox"/> ±Diastase	Dysferlin <input type="checkbox"/> 1 <input type="checkbox"/> 2
<input type="checkbox"/> CD30	<input type="checkbox"/> EMA	<input type="checkbox"/> Ki67	<input type="checkbox"/> S100	<input type="checkbox"/> PASH	Dystrophins <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<input type="checkbox"/> CD31	<input type="checkbox"/> ER	<input type="checkbox"/> Lambda	<input type="checkbox"/> Serotonin	<input type="checkbox"/> Post B5 H&E	SARC <input type="checkbox"/> Alpha
<input type="checkbox"/> CD33	<input type="checkbox"/> Factor VIII	<input type="checkbox"/> Laminin	<input type="checkbox"/> SMA	<input type="checkbox"/> Post B5 PASH	SARC <input type="checkbox"/> Beta
<input type="checkbox"/> CD34	<input type="checkbox"/> Factor XIIIa	<input type="checkbox"/> LH	<input type="checkbox"/> Somatostatin	<input type="checkbox"/> Other _____	SARC <input type="checkbox"/> Delta