

Special/Immuno Stain Form

Doctors Pathology Services

Last	First	M
SSN		
Date of birth	Sex (circle one) M F	
Address		
City, State ZIP		
Phone		

Date Ordered	Date Returned
Office site	Person Receiving Slides
Ordering physician	

*** MUST PROVIDE ***

LAB Accession Number _____
Block Number _____

Immunohistochemistry Stains (Please circle stains to be completed)

<input type="checkbox"/> ADH-5	<input type="checkbox"/> CD11c	<input type="checkbox"/> CD138	<input type="checkbox"/> E. CADHERIN	<input type="checkbox"/> INHIBIN	<input type="checkbox"/> NFP	<input type="checkbox"/> SMA
<input type="checkbox"/> AE1/AE3 (PAN KERATIN)	<input type="checkbox"/> CD15	<input type="checkbox"/> CDX2	<input type="checkbox"/> EGFR	<input type="checkbox"/> IgG	<input type="checkbox"/> NGFR	<input type="checkbox"/> SURVIVIN
<input type="checkbox"/> AFP	<input type="checkbox"/> CD20	<input type="checkbox"/> CEA (CD66e)	<input type="checkbox"/> EMA	<input type="checkbox"/> KAPPA /ILAMBDA(ISH)	<input type="checkbox"/> P16	<input type="checkbox"/> SYNATOPHYSIN
<input type="checkbox"/> ALK-1	<input type="checkbox"/> CD21	<input type="checkbox"/> CHROMOGRANIN	<input type="checkbox"/> ER	<input type="checkbox"/> Ki67	<input type="checkbox"/> P27	<input type="checkbox"/> TAG-72 (B72.2)
<input type="checkbox"/> BCL-2	<input type="checkbox"/> CD23	<input type="checkbox"/> CK5	<input type="checkbox"/> ERG	<input type="checkbox"/> LYMES DISEASE	<input type="checkbox"/> P53	<input type="checkbox"/> TDT
<input type="checkbox"/> BCL-6	<input type="checkbox"/> CD25	<input type="checkbox"/> CK6	<input type="checkbox"/> FACTOR XIIIa	<input type="checkbox"/> MAMMOGLOBIN	<input type="checkbox"/> P57	<input type="checkbox"/> TENASCIN
<input type="checkbox"/> BOB-1	<input type="checkbox"/> CD30	<input type="checkbox"/> CK7	<input type="checkbox"/> FASCIN	<input type="checkbox"/> MELAN-A	<input type="checkbox"/> P63	<input type="checkbox"/> THYROGLOBULIN
<input type="checkbox"/> CA19.9	<input type="checkbox"/> CD31	<input type="checkbox"/> CK8 (LOW)	<input type="checkbox"/> FERRITIN	<input type="checkbox"/> MiTF	<input type="checkbox"/> PAP	<input type="checkbox"/> THYROMBOMODULIN
<input type="checkbox"/> CA125 <input type="checkbox"/> CALCITONIN	<input type="checkbox"/> CD34	<input type="checkbox"/> CK8/18	<input type="checkbox"/> GCDFP15	<input type="checkbox"/> MLH-1	<input type="checkbox"/> PAN MELANOMA	<input type="checkbox"/> TRAcP
<input type="checkbox"/> CALPONIN	<input type="checkbox"/> CD38	<input type="checkbox"/> CK14	<input type="checkbox"/> HCG	<input type="checkbox"/> MPO	<input type="checkbox"/> PHH3	<input type="checkbox"/> TRYPTASE
<input type="checkbox"/> CALRETIN	<input type="checkbox"/> CD42b	<input type="checkbox"/> CK17	<input type="checkbox"/> HER2	<input type="checkbox"/> MSA	<input type="checkbox"/> PIN-4	<input type="checkbox"/> TTF1
<input type="checkbox"/> CAT SCRATCH	<input type="checkbox"/> CD45 (LCA cocktail)	<input type="checkbox"/> CK20	<input type="checkbox"/> HER2SISH	<input type="checkbox"/> MSH-2	<input type="checkbox"/> PMS2	<input type="checkbox"/> TYPE IV COLLAGEN
<input type="checkbox"/> CD1a	<input type="checkbox"/> CD56	<input type="checkbox"/> CK34BE12	<input type="checkbox"/> HHV8	<input type="checkbox"/> MSH-6	<input type="checkbox"/> PNL2	<input type="checkbox"/> URO-3
<input type="checkbox"/> CD3	<input type="checkbox"/> CD57	<input type="checkbox"/> CMV	<input type="checkbox"/> HMB45	<input type="checkbox"/> MUC1	<input type="checkbox"/> PR	<input type="checkbox"/> VILLIN
<input type="checkbox"/> CD4	<input type="checkbox"/> CD68	<input type="checkbox"/> CMYC	<input type="checkbox"/> H. PYLORI	<input type="checkbox"/> MUC2	<input type="checkbox"/> PSA	<input type="checkbox"/> VIMENTIN
<input type="checkbox"/> CD5	<input type="checkbox"/> CD79	<input type="checkbox"/> CYCLIN D1	<input type="checkbox"/> HPV16 (ISH)	<input type="checkbox"/> MUC5	<input type="checkbox"/> PSAP	<input type="checkbox"/> ZAP 70
<input type="checkbox"/> CD7	<input type="checkbox"/> CD99	<input type="checkbox"/> D2-40 (Podoplanin)	<input type="checkbox"/> HSA	<input type="checkbox"/> MUC6	<input type="checkbox"/> RB- RETINOBLASTOMA	<input type="checkbox"/> FIBRINOGEN (IF)
<input type="checkbox"/> CD8	<input type="checkbox"/> CD103	<input type="checkbox"/> DESMIN	<input type="checkbox"/> HSV-1	<input type="checkbox"/> MUM-1	<input type="checkbox"/> RCC	<input type="checkbox"/> PLAP
<input type="checkbox"/> CD10	<input type="checkbox"/> CD117 (C-KIT)	<input type="checkbox"/> EBV	<input type="checkbox"/> HSV-2	<input type="checkbox"/> MYOGLOBIN	<input type="checkbox"/> S100	<input type="checkbox"/> LAMBDA (ISH)
<input type="checkbox"/> IgA (IF)	<input type="checkbox"/> IgG (IF)	<input type="checkbox"/> IgM (IF)	<input type="checkbox"/> C1q (IF)	<input type="checkbox"/> C3 (IF)	<input type="checkbox"/> C4 (IF)	<input type="checkbox"/> ALBUMIN (IF)

Routine Special Stains (Please circle stains to be completed)

<input type="checkbox"/> AFB	<input type="checkbox"/> COPPER	<input type="checkbox"/> GIEMSA	<input type="checkbox"/> IRON	<input type="checkbox"/> PAS	<input type="checkbox"/> RETICULUM
<input type="checkbox"/> ALCIAN BLUE 2.5	<input type="checkbox"/> ELASTIC	<input type="checkbox"/> GMS	<input type="checkbox"/> MASSON'S TC	<input type="checkbox"/> PASD	<input type="checkbox"/> TOULIDINE BLUE
<input type="checkbox"/> CONGO RED	<input type="checkbox"/> FITE <input type="checkbox"/> FONTANA	<input type="checkbox"/> GRAM	<input type="checkbox"/> MUCICARMINE	<input type="checkbox"/> PASF (FUNGUS)	<input type="checkbox"/> WARTHIN-STARRY

Completed by _____ Date _____

_____ Ordering Physician Signature