

PHYSICIAN INFORMATION:

Physician Name: \_\_\_\_\_

GLOBAL  TC

BILL TO:  HOSPITAL  INSURANCE

SPECIMEN TYPE:

# OF UNSTAINED CHARGED SLIDES\* (preferred): \_\_\_\_\_

# OF PARAFFIN BLOCKS\*: \_\_\_\_\_

\*Unstained, Charged Slides are preferred for staining scanning.

TEST REQUEST:

IHC STAIN ONLY  IHC STAIN & SCAN

SLIDE # / BLOCK ID	ANTIBODY MARKERS
A	
B	
C	
D	

**ANTIBODY MARKERS:**

Please check stains needed below. For multiple sites, use chart above.

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> AFB(- / +)                  | <input type="checkbox"/> CD79a                                     | <input type="checkbox"/> HER2-2 NU (CERB-2 ONCO PROTEIN)            | <input type="checkbox"/> PAX2   |
| <input type="checkbox"/> ALB PAS                     | <input type="checkbox"/> CD99                                      | <input type="checkbox"/> HES1                                       | <input type="checkbox"/> PAX5   |
| <input type="checkbox"/> Alcian Blue                 | <input type="checkbox"/> CD117                                     | <input type="checkbox"/> HHV8                                       | <input type="checkbox"/> PAX8   |
| <input type="checkbox"/> ALK-1                       | <input type="checkbox"/> CD123                                     | <input type="checkbox"/> H. Pylori                                  | <input type="checkbox"/> PCK (AE1/AE3) (Multicytokeratin - MCK)               |
| <input type="checkbox"/> Alpha Feto Protein          | <input type="checkbox"/> CD138                                     | <input type="checkbox"/> HPL (IHC)                                  | <input type="checkbox"/> PDL 1 (22C3)   |
| <input type="checkbox"/> Amyloid A                   | <input type="checkbox"/> CD163                                     | <input type="checkbox"/> HPV IHC Comprehensive                      | <input type="checkbox"/> PDL 1 (73-10)  |
| <input type="checkbox"/> Amyloid P                   | <input type="checkbox"/> CD246 (ALK)                               | <input type="checkbox"/> HPV IHC Low Risk (6,11,16,18)              | <input type="checkbox"/> PDL 1 (E1L3NR)                                       |
| <input type="checkbox"/> ARGINASE1                   | <input type="checkbox"/> CDX-2                                     | <input type="checkbox"/> HPV IHC High Risk (31,33,51)               | <input type="checkbox"/> PIN 4 (Prostate Triple Stain)                        |
| <input type="checkbox"/> BAP1                        | <input type="checkbox"/> CEA (M)                                   | <input type="checkbox"/> HMB45 (Melanoma Marker)                    | <input type="checkbox"/> PLAP   |
| <input type="checkbox"/> BCL 1 (Cyclin D1)           | <input type="checkbox"/> CEA (P)                                   | <input type="checkbox"/> HNF-1 Beta                                 | <input type="checkbox"/> PMS2   |
| <input type="checkbox"/> BCL2                        | <input type="checkbox"/> Chromogranin A                            | <input type="checkbox"/> HSV I                                      | <input type="checkbox"/> PR   |
| <input type="checkbox"/> BCL6                        | <input type="checkbox"/> CK 5/6                                    | <input type="checkbox"/> HSV II                                     | <input type="checkbox"/> Prolactin  |
| <input type="checkbox"/> BER-EP4                     | <input type="checkbox"/> CK 7                                      | <input type="checkbox"/> hTERT                                      | <input type="checkbox"/> Prostein   |
| <input type="checkbox"/> Beta Catenin                | <input type="checkbox"/> CK19                                      | <input type="checkbox"/> Inhibin A                                  | <input type="checkbox"/> PSA (prostatic specific antigen)                     |
| <input type="checkbox"/> BOB-1                       | <input type="checkbox"/> CK20                                      | <input type="checkbox"/> KAPPA                                      | <input type="checkbox"/> PSAP (prostate specific alkaline antigen phosphatas) |
| <input type="checkbox"/> CA19-9                      | <input type="checkbox"/> CK903 (HMWCK or K903)                     | <input type="checkbox"/> KDX1                                       | <input type="checkbox"/> PTEN   |
| <input type="checkbox"/> Calcitonin                  | <input type="checkbox"/> CMV                                       | <input type="checkbox"/> KI67                                       | <input type="checkbox"/> PTSL1  |
| <input type="checkbox"/> Caldesmon                   | <input type="checkbox"/> C-MYC                                     | <input type="checkbox"/> LAMBDA                                     | <input type="checkbox"/> Renal Cell Carcinoma (RCC)                           |
| <input type="checkbox"/> Calponin                    | <input type="checkbox"/> Congo Red                                 | <input type="checkbox"/> MAMMAGLOBIN                                | <input type="checkbox"/> Reticulin  |
| <input type="checkbox"/> Calretinin                  | <input type="checkbox"/> Crystal Violet                            | <input type="checkbox"/> MELAN-A                                    | <input type="checkbox"/> S100   |
| <input type="checkbox"/> CAM 5.2 (CK 8/18)           | <input type="checkbox"/> D2-40 (PODOPLANIN)                        | <input type="checkbox"/> MITF (Microphthalmia transcription factor) | <input type="checkbox"/> SALL4  |
| <input type="checkbox"/> Carbonic Anhydrase IX (CA9) | <input type="checkbox"/> Desmin                                    | <input type="checkbox"/> MLH1                                       | <input type="checkbox"/> Serotonin  |
| <input type="checkbox"/> CA125                       | <input type="checkbox"/> DOG1                                      | <input type="checkbox"/> MSH2                                       | <input type="checkbox"/> Smooth Muscle Actin (SMA)                            |
| <input type="checkbox"/> CD1a                        | <input type="checkbox"/> DPC4 (SMAD4)                              | <input type="checkbox"/> MSH6                                       | <input type="checkbox"/> SMMHC (Smooth Muscle)                                |
| <input type="checkbox"/> CD2                         | <input type="checkbox"/> Epstein Barr Virus EBV                    | <input type="checkbox"/> Muc 2                                      | <input type="checkbox"/> SOX 10   |
| <input type="checkbox"/> CD3                         | <input type="checkbox"/> E-Cadherin                                | <input type="checkbox"/> MUM1                                       | <input type="checkbox"/> Synaptophysin  |
| <input type="checkbox"/> CD3 (T cell)                | <input type="checkbox"/> EGFR                                      | <input type="checkbox"/> MURAMIDASE (lysozyme)                      | <input type="checkbox"/> Terminal Deoxy Nucleo Tidyal (TDT)                   |
| <input type="checkbox"/> CD5                         | <input type="checkbox"/> EMA                                       | <input type="checkbox"/> Muscle Specific Actin                      | <input type="checkbox"/> TTF-1  |
| <input type="checkbox"/> CD7                         | <input type="checkbox"/> EP-CAM (MOC 31)                           | <input type="checkbox"/> Myeloperoxidase                            | <input type="checkbox"/> Treponema Pallidum (spirochete)                      |
| <input type="checkbox"/> CD8                         | <input type="checkbox"/> ER  | <input type="checkbox"/> Myf-4                                      | <input type="checkbox"/> Thrombomodulin                                       |
| <input type="checkbox"/> CD10                        | <input type="checkbox"/> ERG                                       | <input type="checkbox"/> MyoD1                                      | <input type="checkbox"/> Thyroglobulin  |
| <input type="checkbox"/> CD14                        | <input type="checkbox"/> Factor 13a                                | <input type="checkbox"/> Myogenin                                   | <input type="checkbox"/> TRICHROME (BLUE)                                     |
| <input type="checkbox"/> CD15                        | <input type="checkbox"/> Factor VIII (Von Willebrand Factor [VWF]) | <input type="checkbox"/> Myoglobin                                  | <input type="checkbox"/> TRICHROME (GREEN)                                    |
| <input type="checkbox"/> CD19                        | <input type="checkbox"/> Fascin                                    | <input type="checkbox"/> MYOSIN SMOOTH MUSCLE SPECIFIC              | <input type="checkbox"/> Tyrosinase   |
| <input type="checkbox"/> CD20                        | <input type="checkbox"/> FEULGEN                                   | <input type="checkbox"/> Naspin A                                   | <input type="checkbox"/> Tryptase (Mast Cell Tryptase - MCT)                  |
| <input type="checkbox"/> CD21                        | <input type="checkbox"/> Fite                                      | <input type="checkbox"/> NKX3.1                                     | <input type="checkbox"/> UROPLAKIN II   |
| <input type="checkbox"/> CD23                        | <input type="checkbox"/> Galectin-3                                | <input type="checkbox"/> NSE  | <input type="checkbox"/> Vimentin   |
| <input type="checkbox"/> CD30                        | <input type="checkbox"/> Gastrin                                   | <input type="checkbox"/> OCT (2)                                    | <input type="checkbox"/> Villin   |
| <input type="checkbox"/> CD31                        | <input type="checkbox"/> GATA-3                                    | <input type="checkbox"/> OCT (3/4)                                  | <input type="checkbox"/> VWF  |
| <input type="checkbox"/> CD33                        | <input type="checkbox"/> GCDFFP 15                                 | <input type="checkbox"/> P16  | <input type="checkbox"/> WTF 1 (Wilm's Tumor)                                 |
| <input type="checkbox"/> CD34                        | <input type="checkbox"/> GFAP                                      | <input type="checkbox"/> P40  | <input type="checkbox"/> ZAP 70   |
| <input type="checkbox"/> CD35                        | <input type="checkbox"/> GLUT-1                                    | <input type="checkbox"/> P504S (AMACR)                              |   |
| <input type="checkbox"/> CD43                        | <input type="checkbox"/> GLYPICAN3                                 | <input type="checkbox"/> P53  |   |
| <input type="checkbox"/> CD44                        | <input type="checkbox"/> Glycophorin A                             | <input type="checkbox"/> P63  |   |
| <input type="checkbox"/> CD45/LCA                    | <input type="checkbox"/> GMS                                       | <input type="checkbox"/> P120 (CATENIN)                             |   |
| <input type="checkbox"/> CD56                        | <input type="checkbox"/> Gram (- / +)                              | <input type="checkbox"/> PAS  |   |
| <input type="checkbox"/> CD57                        | <input type="checkbox"/> Hepatocyte Specific Antigen (Hep-Par1)    | <input type="checkbox"/> PAS + Distase (PAS-D)                      |   |
| <input type="checkbox"/> CD68 KP1                    | <input type="checkbox"/> HBME                                      | <input type="checkbox"/> PAS W/ FUNGUS                              |   |
| <input type="checkbox"/> CD68 PGM1                   | <input type="checkbox"/> HCG                                       |   |   |

PATIENT INFORMATION

SS#	DATE OF BIRTH	M <input type="checkbox"/>
		F <input type="checkbox"/>
		SEX

LAST NAME FIRST NAME M.I.

STREET ADDRESS

CITY STATE ZIP

( )

TEL # CHART # PATH#

PATIENT'S PRIMARY INSURANCE \*ATTACH COPY OF INSURANCE CARD

BILL TO:  MEDICARE  PATIENT  OTHER  NO FAULT  WORKERS COMP

INSURED'S NAME D.O.B. / /

DATE OF ACCIDENT (if NO FAULT/WORKERS COMP) / /

PT RELATIONSHIP TO INSURED:  SELF  SPOUSE  CHILD  OTHER

POLICY # SS# - -

GROUP NAME: REFERRAL#

NAME OF INSURANCE CO:

\*INSURANCE ADDRESS:

CITY STATE ZIP

PROSTATE BIOPSY:

# of Cores \_\_\_\_\_

OTHER: \_\_\_\_\_