

## Immunohistochemistry Requisition

REQUESTING PHYSICIAN	PATIENT INFORMATION	Specimen Surgical #:
Name:	Name:	Block(S) ID:
Address:	SS#:	Collection Date:
	Age:                      Sex:                      DOB:	Collection time:
NPI:	Specimen: <input type="checkbox"/> Biopsy <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Blood	<input type="checkbox"/> Smear <input type="checkbox"/> Other:
Telephone:	Diagnosis:	ICD-9 Code:
Fax:	Clinical History:	
Add'l report to:	Bill: <input type="checkbox"/> Patient <input type="checkbox"/> Hospital <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Insurance (pls. attach Ins. Information)	
LUNG MARKERS	BREAST CANCER MARKERS	LEUKEMIA/LYMPHOMA
<input type="checkbox"/> Cal-Retinin	<input type="checkbox"/> with Image Analysis	<input type="checkbox"/> ALK Protein (ALK-1)
<input type="checkbox"/> CD56	<input type="checkbox"/> without Image Analysis	<input type="checkbox"/> BCL-2
<input type="checkbox"/> Cytokeratin 5/6	<input type="checkbox"/> ER	<input type="checkbox"/> BCL-6
<input type="checkbox"/> Cytokeratin-Pan	<input type="checkbox"/> PR	<input type="checkbox"/> CD 1A
<input type="checkbox"/> TTF-1 (Thyroid Trans. Factor)	<input type="checkbox"/> HER2/Neu	<input type="checkbox"/> CD3
LYMPHOMA MARKERS	<input type="checkbox"/> Ki67	<input type="checkbox"/> CD4
<input type="checkbox"/> CD3, T Cell	<input type="checkbox"/> P53 Nuclear Antigen	<input type="checkbox"/> CD5
<input type="checkbox"/> CD20, B Cell	<input type="checkbox"/> CD34	<input type="checkbox"/> CD8
<input type="checkbox"/> CD15	<input type="checkbox"/> DNA Ploidy	<input type="checkbox"/> CD10
<input type="checkbox"/> CD30	<input type="checkbox"/> Reflex panel for Triple-Negative	<input type="checkbox"/> CD15
<input type="checkbox"/> CD45 (LCA)	<input type="checkbox"/> HER2/neu by FISH	<input type="checkbox"/> CD20
MELANOMA MARKERS		<input type="checkbox"/> CD23
<input type="checkbox"/> HMB45	MESENCHYMAL MARKERS	<input type="checkbox"/> CD30
<input type="checkbox"/> MART-1 (Melan A)	<input type="checkbox"/> CD31	<input type="checkbox"/> CD34
<input type="checkbox"/> S100	<input type="checkbox"/> CD34	<input type="checkbox"/> CD38
<input type="checkbox"/> Vimentin	<input type="checkbox"/> CD99	<input type="checkbox"/> CD43
PROSTATE CANCER MARKERS	<input type="checkbox"/> CD117 (C-Kit)	<input type="checkbox"/> CD45 (LCA)
<input type="checkbox"/> Cytokeratin-HMW (CK-903)	<input type="checkbox"/> Desmin	<input type="checkbox"/> CD56
<input type="checkbox"/> p63	<input type="checkbox"/> Factor IIIV	<input type="checkbox"/> CD68
<input type="checkbox"/> PIN-4	<input type="checkbox"/> SMA (Smooth Muscle Actin)	<input type="checkbox"/> CD117
<input type="checkbox"/> PSA (Prostate Spec. Antigen)	<input type="checkbox"/> SMM (Smooth Muscle Myosin)	<input type="checkbox"/> CD138
<input type="checkbox"/> PSAP (Prostate Spec. Acid Phos.)	<input type="checkbox"/> Vimentin	<input type="checkbox"/> Cyclin D-1
<input type="checkbox"/> Racemase	EPITHELIAL MARKERS	<input type="checkbox"/> Hemoglobin A
<input type="checkbox"/> UroVysion by FISH	<input type="checkbox"/> Alpha-Fetoprotein (AFP)	<input type="checkbox"/> Kappa
UNDIFFERENTIATED TUMOR MARKERS	<input type="checkbox"/> Cal-Retinin	<input type="checkbox"/> Lambda
<input type="checkbox"/> CA19-9	<input type="checkbox"/> CAM 5.2	<input type="checkbox"/> Kappa + Lambda
<input type="checkbox"/> CA-125	<input type="checkbox"/> CD10	<input type="checkbox"/> TDT
<input type="checkbox"/> CD45 (LCA)	<input type="checkbox"/> CDX2	<input type="checkbox"/> ZAP-70
<input type="checkbox"/> Cytokeratin-Pan	<input type="checkbox"/> CEA (Carcinoembryonic Antigen)	NEURAL/NEUROENDOCRINE PROFILE
<input type="checkbox"/> Gastrin	<input type="checkbox"/> Cytokeratin 34 beta E12	<input type="checkbox"/> Calcitonin
<input type="checkbox"/> HEPPAR-1	<input type="checkbox"/> Cytokeratin 5/6	<input type="checkbox"/> CD56, NK Cell
<input type="checkbox"/> Inhibin	<input type="checkbox"/> Cytokeratin 7	<input type="checkbox"/> Chromogranin
<input type="checkbox"/> Mammoglobin	<input type="checkbox"/> Cytokeratin 19	<input type="checkbox"/> NSE (Neuron Specific Enolase)
<input type="checkbox"/> RCC (Renal Cell CA)	<input type="checkbox"/> Cytokeratin 20	<input type="checkbox"/> Synaptophysin
<input type="checkbox"/> S100	<input type="checkbox"/> Cytokeratin-HMW (CK-903)	MISCELLANEOUS MARKERS
<input type="checkbox"/> SMA (Smooth Muscle Actin)	<input type="checkbox"/> Cytokeratin-Pan	<input type="checkbox"/> HCG (Human Chorionic Gonadotropin)
<input type="checkbox"/> SMM (Smooth Muscle Myosin)	<input type="checkbox"/> E-Cadherin	INFECTIOUS AGENTS
<input type="checkbox"/> Thyroglobin	<input type="checkbox"/> EGFR	<input type="checkbox"/> Helicobacter Pylori
<input type="checkbox"/> Vimentin	<input type="checkbox"/> EMA (Epithelial Membrane Antigen)	ADDITIONAL NOTES
FOR LABORATORY USE ONLY:	<input type="checkbox"/> HEPPAR-1	
DATE RECEIVED:	<input type="checkbox"/> p16	
TIME RECEIVED:	<input type="checkbox"/> p27	
INITIALS:	<input type="checkbox"/> P63	
ACCESSION NUMBER:	<input type="checkbox"/> PLAP (Placental Alk. Phos.)	
	<input type="checkbox"/> PSA (Prostate Spec. Antigen)	
	<input type="checkbox"/> PSAP (Prostate Spec. Acid Phos.)	
	<input type="checkbox"/> TTF-1 (Thyroid Trans. Factor)	