

# HISTO-PATH

TECHNICAL SPECIALTIES INCORPORATED

4847 KIERNAN CT • STE 1 • SALIDA • CA 95368

PHONE 800-854-5766 FAX 209-522-2486

## REQUISITION - IHC / SPECIAL STAINS

REQUESTED BY:

Dr Signature Required:

The above signature confirms this test to be medically necessary for this patient. This clinician provides consultation and/or treatment for a specific medical condition and will use the results in the management of the patient.

PATIENT LAST NAME

FIRST NAME

MI

DATE OF BIRTH

BILL TO:

PHYSICIAN / FACILITY

INSURANCE - Attach Copy of Insurance Card

ACCESSION/BLOCK #

COLLECTION DATE

BIOPSY SITE/DESCRIPTION

IHC/Stain - TC services only

Stain with Manual Report

Consultation and Report with IHC Analysis

### Routine Special Stains

- |  |  |   |   |   |   |
|--|--|---|---|---|---|
| <input type="checkbox"/> AFB               | <input type="checkbox"/> Colloidal Iron (Coll. Fe) | <input type="checkbox"/> Gram               | <input type="checkbox"/> Pas            | <input type="checkbox"/> Steiner          | <input type="checkbox"/> Warthin-Starry |
| <input type="checkbox"/> Fite's AFB        | <input type="checkbox"/> Congo Red                 | <input type="checkbox"/> Grocott's (GMS)    | <input type="checkbox"/> Pas-Diastase   | <input type="checkbox"/> Toluidine Blue   | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Alcian Blue 1.0   | <input type="checkbox"/> Crystal Violet            | <input type="checkbox"/> Iron (Fe / Pearls) | <input type="checkbox"/> Pas-F (Fungus) | <input type="checkbox"/> Trichrome        |   |
| <input type="checkbox"/> Alcian Blue 2.5   | <input type="checkbox"/> Fontana Masson            | <input type="checkbox"/> Mucicarmine        | <input type="checkbox"/> Pas-H          | <input type="checkbox"/> Verhoeff's (VVG) |   |
| <input type="checkbox"/> Alcian Blue / PAS | <input type="checkbox"/> Giemsa                    | <input type="checkbox"/> Orcein/Giemsa      | <input type="checkbox"/> Reticulin      | <input type="checkbox"/> Von Kossa        |   |

### IHC by Type/Site

- | Melanoma   | Breast Bx                                  | Cervix Bx                               | Gastric Bx                                   |
|--|--|---|--|
| <input type="checkbox"/> PAN MELANOMA (Cocktail) HMB45 + Mart-1 + Tyrosinase | <input type="checkbox"/> Estrogen Receptor | <input type="checkbox"/> Her-2 Dual ISH | <input type="checkbox"/> Helicobacter Pylori |
| <input type="checkbox"/> S-100   | <input type="checkbox"/> PR                | <input type="checkbox"/> Her-2 / IHC    |  |
| <input type="checkbox"/> SOX10   | <input type="checkbox"/> Ki-67             | <input type="checkbox"/> Sentinel Node  |  |
| <input type="checkbox"/> Melan-A   |  |   |  |

### IHC

- |  |  |  |   |  |   |
|--|--|--|---|--|---|
| <input type="checkbox"/> A-ACT (Alpha 1- Antichymotrypsin) | <input type="checkbox"/> CD15                | <input type="checkbox"/> Chromogranin A                          | <input type="checkbox"/> Factor XIIIa       | <input type="checkbox"/> NSE (Neuron Specific Enolase)                       | <input type="checkbox"/> Thrombomodulin |
|  | <input type="checkbox"/> CD20 (L-26)         | <input type="checkbox"/> Chymotrypsin                            | <input type="checkbox"/> HAM-56             |  | <input type="checkbox"/> Thyroglobulin  |
| <input type="checkbox"/> A-AT (Alpha-1- Antitrypsin)       | <input type="checkbox"/> CD30                | <input type="checkbox"/> Cytokeratin 5/6                         | <input type="checkbox"/> HER2               | <input type="checkbox"/> PAN CYTOKERATIN (LU-5)                              | <input type="checkbox"/> TTF-1          |
|  | <input type="checkbox"/> CD31                | <input type="checkbox"/> CK-7                                    | <input type="checkbox"/> HSV-1              | <input type="checkbox"/> PAN MELANOMA (Cocktail) HMB45 + Mart-1 + Tyrosinase | <input type="checkbox"/> Vimentin       |
| <input type="checkbox"/> BCL-2                             | <input type="checkbox"/> CD34 (HPCA)         | <input type="checkbox"/> CK-19                                   | <input type="checkbox"/> HSV-2              |  | <input type="checkbox"/> WT1            |
| <input type="checkbox"/> Ber-EP4 (Epithelial Antigen)      | <input type="checkbox"/> CD35 (C3b Receptor) | <input type="checkbox"/> CK-20                                   | <input type="checkbox"/> Kappa Light Chain  | <input type="checkbox"/> PSA   | <input type="checkbox"/> Other          |
|  | <input type="checkbox"/> CD43                | <input type="checkbox"/> Desmin                                  | <input type="checkbox"/> Ki-67 (MIB-1)      | <input type="checkbox"/> PHH3  |   |
| <input type="checkbox"/> B-RAF                             | <input type="checkbox"/> CD45 (LCA)          | <input type="checkbox"/> EGFR (Epidermal Growth Factor Receptor) | <input type="checkbox"/> L-26 (Pan B)       | <input type="checkbox"/> SMA (Smooth Muscle Actin)                           |   |
| <input type="checkbox"/> CAM 5.2                           | <input type="checkbox"/> CD57                |  | <input type="checkbox"/> Lambda Light Chain |  |   |
| <input type="checkbox"/> CD1a                              | <input type="checkbox"/> CD68                | <input type="checkbox"/> EMA (Epithelial Membrane Antigen)       | <input type="checkbox"/> LCA (CD45)         | <input type="checkbox"/> S100  |   |
| <input type="checkbox"/> CD2                               | <input type="checkbox"/> CD117               |  | <input type="checkbox"/> Lysozyme           | <input type="checkbox"/> SOX-10  |   |
| <input type="checkbox"/> CD3 (Monoclonal)                  | <input type="checkbox"/> CEA (Monoclonal)    | <input type="checkbox"/> ERG                                     | <input type="checkbox"/> MURA               | <input type="checkbox"/> Synaptophysin                                       |   |
| <input type="checkbox"/> CD10                              | <input type="checkbox"/> CEA (Polyclonal)    | <input type="checkbox"/> Factor VIII                             | <input type="checkbox"/> Myoglobin D1       | <input type="checkbox"/> Tdt   |   |

### IHC Cocktails / Dbl Stains

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> CD3/CD20 (Cocktail) | <input type="checkbox"/> CDX-2/CK-7 (Dbl Stain)      | <input type="checkbox"/> KAPPA/LAMBDA (Cocktail)                                       | <input type="checkbox"/> TTF-1+NAPSIN A (Dbl Stain) |
| <input type="checkbox"/> CD4/CD8 (Cocktail)  | <input type="checkbox"/> CK5/14+P63+P504S (Cocktail) | <input type="checkbox"/> PAN MELANOMA (Cocktail) (HMB45 + Mart 1+Melan-A + Tyrosinase) |   |

5.24/2.1

All stains performed by Histo-Path or CLIA certified and CAP accredited lab under contract with Histo-Path, including Labcorp, ARUP or as indicated. Orders must indicate TC "with" or TC "without" Report. Billing will be pass through to client or insurance as you indicate. Always include patient insurance and demographic's information when insurance billing is indicated.