# 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:

PATIENT LAST NAME

FIRST NAME MI

**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.

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

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

## IHC by Type/Site

| **Melanoma** | | **Breast Bx** | | **Cervix Bx** | **Gastric Bx** |
|---|---|---|---|---|---|
| ☐ PAN MELANOMA (Cocktail) HMB45 + Mart-1 + Tyrosinase | ☐ S-100 | ☐ Estrogen Receptor | ☐ Her-2 Dual ISH | ☐ P16 | ☐ Helicobacter Pylori |
| | ☐ SOX10 | ☐ PR | ☐ Her-2 / IHC | ☐ Ki-67 | |
| ☐ Melan-A | | ☐ Ki-67 | ☐ Sentinel Node | | |

## IHC

| | | | | | |
|---|---|---|---|---|---|
| ☐ A-ACT (Alpha 1-Antichymotrypsin) | ☐ CD15 | ☐ Chromogranin A | ☐ HAM-56 | ☐ NSE (Neuron Specific Enolase) | ☐ Synaptophysin |
| | ☐ CD20 (L-26) | ☐ Chymotrypsin | ☐ HEP-PAR1 (B0471) | | ☐ TdT |
| ☐ A-AT (Alpha-1-Antitrypsin) | ☐ CD30 | ☐ Cytokeratin 5/6 | ☐ HER2 | ☐ PAN CYTOKERATIN (LU-5) | ☐ Thrombomodulin |
| | ☐ CD31 | ☐ CK-7 | ☐ IgG | ☐ PAN MELANOMA (Cocktail) HMB45 + Mart-1 + Tyrosinase | ☐ Thyroglobulin |
| ☐ BCL-2 | ☐ CD34 (HPCA) | ☐ CK-19 | ☐ IgM | | ☐ TTF-1 |
| ☐ Ber-EP4 (Epithelial Antigen) | ☐ CD35 (C3b Receptor) | ☐ CK-20 | ☐ Kappa Light Chain | ☐ PD-L1 22C3 | ☐ Vimentin |
| | ☐ CD43 | ☐ Desmin | ☐ Ki-67 (MIB-1) | ☐ PD-L1 28-8 | ☐ WT1 |
| ☐ B-RAF | ☐ CD45 (LCA) | ☐ EMA (Epithelial Membrane Antigen) | ☐ L-26 (Pan B) | ☐ PSA | View/Download Full Library @ www.histo-path.com |
| ☐ CAM 5.2 | ☐ CD57 | | ☐ Lambda Light Chain | PHH3 | |
| ☐ CD1a | ☐ CD68 | ☐ ERG | ☐ LCA (CD45) | ☐ SMM-HC | ☐ Other |
| ☐ CD2 | ☐ CD117 | | ☐ Lysozyme | | ☐ |
| ☐ CD3 (Monoclonal) | ☐ CEA (Monoclonal) | ☐ Factor VIII | ☐ | ☐ S100 | ☐ |
| ☐ CD10 | ☐ CEA (Polyclonal) | ☐ Factor XIIIa | ☐ Myoglobin D1 | ☐ SOX-10 | ☐ |

## IHC Cocktails / Dbl Stains

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

5.26/2.1

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.