



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

PHYSICIAN	Date Ordered	Date Returned
	Office site	Person Receiving Slides
	Ordering physician	

*** MUST PROVIDE ***

LAB Accession Number _____

Block Number _____

Please Check 1 of the following:

Comprehensive Consultation
(DPS will choose stains)

Stains with interpretation
(Select stains below)

Stains ONLY
(Select stains below)

Immunohistochemistry Stains (Please circle stains to be completed)

<input type="checkbox"/> ACTIN	<input type="checkbox"/> CD4	<input type="checkbox"/> CD43	<input type="checkbox"/> CK 20	<input type="checkbox"/> KI-67	<input type="checkbox"/> SYNAPTOPHYSIN
<input type="checkbox"/> AE1/AE3 (PAN KERATIN)	<input type="checkbox"/> CD5	<input type="checkbox"/> CD45 (LCA)	<input type="checkbox"/> CK 34 (CK HIGH)	<input type="checkbox"/> MELAN-A	<input type="checkbox"/> TDT
<input type="checkbox"/> AFP	<input type="checkbox"/> CD7	<input type="checkbox"/> CD57	<input type="checkbox"/> CK 35 (CK LOW)	<input type="checkbox"/> MYLOPEROXIDASE	<input type="checkbox"/> TENASCIN
<input type="checkbox"/> ALK PROTEIN	<input type="checkbox"/> CD8	<input type="checkbox"/> CD68	<input type="checkbox"/> CMV	<input type="checkbox"/> MYOGLOBIN	<input type="checkbox"/> THROMBOMODULIN
<input type="checkbox"/> ALPHA LACTALBUMIN	<input type="checkbox"/> CD10	<input type="checkbox"/> CD79	<input type="checkbox"/> COLLAGEN IV	<input type="checkbox"/> NFP	<input type="checkbox"/> TTF-1
<input type="checkbox"/> AMACR	<input type="checkbox"/> CD11C (FROZEN ONLY)	<input type="checkbox"/> CD99	<input type="checkbox"/> CYCLIN D1 (BCL-1)	<input type="checkbox"/> P16	<input type="checkbox"/> VIMENTIN
<input type="checkbox"/> B72.3-TAG	<input type="checkbox"/> CD15	<input type="checkbox"/> CD103 (FROZEN ONLY)	<input type="checkbox"/> DESMIN	<input type="checkbox"/> P53	<input type="checkbox"/> OTHER:
<input type="checkbox"/> BCL-2	<input type="checkbox"/> CD20	<input type="checkbox"/> CD117 (CKIT)	<input type="checkbox"/> EMA	<input type="checkbox"/> P63	
<input type="checkbox"/> BCL-6	<input type="checkbox"/> CD21 (FROZEN ONLY)	<input type="checkbox"/> CEA	<input type="checkbox"/> ER	<input type="checkbox"/> PLAP	ALSO:
<input type="checkbox"/> βHCG	<input type="checkbox"/> CD23	<input type="checkbox"/> CERB/2 (HER2/NEU)	<input type="checkbox"/> FACTOR XIII	<input type="checkbox"/> PR	<input type="checkbox"/> insitu KAPPA
<input type="checkbox"/> CA 19-9	<input type="checkbox"/> CD25	<input type="checkbox"/> CHROMOGRANIN A	<input type="checkbox"/> GCDFP	<input type="checkbox"/> PSA	<input type="checkbox"/> insitu LAMBDA
<input type="checkbox"/> CA-125	<input type="checkbox"/> CD30	<input type="checkbox"/> CK 5/6	<input type="checkbox"/> HAIRY CELL	<input type="checkbox"/> PSAP	<input type="checkbox"/> FISH - HER2-neu
<input type="checkbox"/> CALCITONIN	<input type="checkbox"/> CD31	<input type="checkbox"/> CK 7	<input type="checkbox"/> HMB-45	<input type="checkbox"/> S100	
<input type="checkbox"/> CD3	<input type="checkbox"/> CD34	<input type="checkbox"/> CK 8/18	<input type="checkbox"/> H. PYLORI	<input type="checkbox"/> SMA	

Routine Special Stains (Please circle stains to be completed)

AFB	DIFF QUIK	GIEMSA (HP)	B&B GRAM	PAS W DIASTASE	TRICHROME
ALCIAN BLUE 2.5	ELASTIC	GIEMSA (Mast Cell)	MUCICARMINE	PAS FUNGUS	OTHER
CONGO RED	GMS	IRON (Prussian Blue)	PAS W/O DIASTASE	RETICULIN	

Completed by _____ Date _____