



## HISTOLOGY TEST REQUISITION

### Patient Information:

LAST NAME		SPECIMEN ACCESSION NUMBER (LAB USE ONLY)	
FIRST NAME, MIDDLE NAME/INITIAL		ORDERING PROVIDER INFO:	
DATE OF BIRTH	AGE	ORDERING PROVIDER SIGNATURE:	
SOCIAL SECURITY #			
SEX		BILLING INFORMATION ATTACHED:	
DATE SPEC. COLLECTED		IDC10 CODE(S):	
DATE SPEC. SUBMITTED			
CLINICAL HISTORY:			

### Special Instructions: -----

#### IHC Stains:

- |                                     |                                     |                                   |                                    |                                 |
|-------------------------------------|-------------------------------------|-----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> BCL-1      | <input type="checkbox"/> CD45       | <input type="checkbox"/> D2-40    | <input type="checkbox"/> MSH-6     | <input type="checkbox"/> SMM-HC |
| <input type="checkbox"/> BCL-2      | <input type="checkbox"/> CD56       | <input type="checkbox"/> DESMIN   | <input type="checkbox"/> MSI PANEL | <input type="checkbox"/> SOX10  |
| <input type="checkbox"/> BCL-6      | <input type="checkbox"/> CD68       | <input type="checkbox"/> E-CAD    | <input type="checkbox"/> MUC2      | <input type="checkbox"/> SYNAP  |
| <input type="checkbox"/> BERP4      | <input type="checkbox"/> CD117      | <input type="checkbox"/> EMA      | <input type="checkbox"/> P120      | <input type="checkbox"/> TTF-1  |
| <input type="checkbox"/> CALRETININ | <input type="checkbox"/> CD138      | <input type="checkbox"/> ER       | <input type="checkbox"/> P16       | <input type="checkbox"/> VIM    |
| <input type="checkbox"/> CD3        | <input type="checkbox"/> CDX-2      | <input type="checkbox"/> GATA-3   | <input type="checkbox"/> P40       | <input type="checkbox"/> WT-1   |
| <input type="checkbox"/> CD5        | <input type="checkbox"/> CHROMA     | <input type="checkbox"/> H.PYLORI | <input type="checkbox"/> P53       |                                 |
| <input type="checkbox"/> CD10       | <input type="checkbox"/> CK5        | <input type="checkbox"/> HER-2    | <input type="checkbox"/> P504S     |                                 |
| <input type="checkbox"/> CD15       | <input type="checkbox"/> CK7        | <input type="checkbox"/> HMB45    | <input type="checkbox"/> PMS2      |                                 |
| <input type="checkbox"/> CD20       | <input type="checkbox"/> CK20       | <input type="checkbox"/> KI-67    | <input type="checkbox"/> PR        |                                 |
| <input type="checkbox"/> CD23       | <input type="checkbox"/> CK34BE12   | <input type="checkbox"/> MELAN-A  | <input type="checkbox"/> PRAME     |                                 |
| <input type="checkbox"/> CD30       | <input type="checkbox"/> CK AE1/AE3 | <input type="checkbox"/> MLH-1    | <input type="checkbox"/> PSA       |                                 |
| <input type="checkbox"/> CD31       | <input type="checkbox"/> CLAUDIN4   | <input type="checkbox"/> MOC31    | <input type="checkbox"/> S-100     |                                 |
| <input type="checkbox"/> CD34       | <input type="checkbox"/> CMV        | <input type="checkbox"/> MSH-2    | <input type="checkbox"/> SMA       |                                 |

#### Other Stains:

- |                              |                                      |                               |                                |                                |
|------------------------------|--------------------------------------|-------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> H&E | <input type="checkbox"/> ALCIAN BLUE | <input type="checkbox"/> GMS  | <input type="checkbox"/> PAS   | <input type="checkbox"/> PAS-F |
| <input type="checkbox"/> AFB | <input type="checkbox"/> GIEMSA      | <input type="checkbox"/> IRON | <input type="checkbox"/> PAS-D | <input type="checkbox"/> RETIC |

#### Other Services:

- |                                         |                                            |                                                     |
|-----------------------------------------|--------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> TC Processing  | <input type="checkbox"/> Global Processing | <input type="checkbox"/> Professional/26 Processing |
| <input type="checkbox"/> Second Opinion | <input type="checkbox"/> QC                | <input type="checkbox"/> Unstained slides x.....    |