

Immunohistochemistry Requisition

VERIPATH LABORATORIES

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CAP #2723201 www.veripathlabs.com

ACCOUNT INFORMATION

Client Name/Account Number: _____

Client Address: _____

City/State/Zip: _____

Client Phone: _____ Client FAX: _____

REQUIRED ORDER INFORMATION

Patient Name: (Last, First, Middle)		Mother's Name: (if infant)	Patient ID/MR #:	DOB:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Order:	Specimen Collected at: <input type="checkbox"/> Hospital Discharge Date: _____		<input type="checkbox"/> Clinic/Office	Collection Date:	Collection Time:
ICD-9 Code(s) or Clinical Reasons for Tests Ordered:					
Ordering Physician:	UPIN	Phone:	Pager:	FAX:	

SPECIMEN INFORMATION

<input type="checkbox"/> Original request	<input type="checkbox"/> Additional request on this case	Materials submitted:	Quantity:	Fixative
Tissue Source: _____		<input type="checkbox"/> Blocks	_____	<input type="checkbox"/> Formalin
Client's accession number: _____		<input type="checkbox"/> Slides (Paraffin)	_____	<input type="checkbox"/> B5
Block designation: _____		<input type="checkbox"/> Slides (Frozen Sections)	_____	<input type="checkbox"/> None
		<input type="checkbox"/> Smears	_____	<input type="checkbox"/> Other
		<input type="checkbox"/> Other: _____	_____	

ANTIBODY SELECTION

Individual Antibodies:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Adenovirus | <input type="checkbox"/> CD38 | <input type="checkbox"/> FLI-1 | <input type="checkbox"/> PLAP |
| <input type="checkbox"/> AE1/AE3 | <input type="checkbox"/> CD43 | <input type="checkbox"/> FXIIIa | <input type="checkbox"/> Progesterone receptor (PR) |
| <input type="checkbox"/> ALK-1 | <input type="checkbox"/> CD45RB (LCA) | <input type="checkbox"/> Galectin-3 | <input type="checkbox"/> Prostate specific antigen (PSA) |
| <input type="checkbox"/> Amyloid precursor protein (APP) | <input type="checkbox"/> CD56 (NCAM) | <input type="checkbox"/> Glial fibrillary acidid proten (GFAP) | <input type="checkbox"/> Prostate acid phosphatase (PSAP) |
| <input type="checkbox"/> B-Catenin | <input type="checkbox"/> CD68 | <input type="checkbox"/> Glucagon | <input type="checkbox"/> Racemase (P504S) |
| <input type="checkbox"/> BCL2 | <input type="checkbox"/> CD79A | <input type="checkbox"/> Glut-1 | <input type="checkbox"/> RCC (renal cell carcinoma) |
| <input type="checkbox"/> BCL-6 | <input type="checkbox"/> CD99 (O13) | <input type="checkbox"/> HBME-1 | <input type="checkbox"/> S100 |
| <input type="checkbox"/> Ber-Ep4 | <input type="checkbox"/> CD117 (c-kit) | <input type="checkbox"/> Hepatocyte | <input type="checkbox"/> Smooth muscle actin (SMA) |
| <input type="checkbox"/> BOB-1 | <input type="checkbox"/> CD138 (plasma cell) | <input type="checkbox"/> HMB-45 | <input type="checkbox"/> Smooth muscle myosin (SMM-1) |
| <input type="checkbox"/> BRST-2 (GCDFP) | <input type="checkbox"/> CDX2 | <input type="checkbox"/> Inhibin | <input type="checkbox"/> Spirochete |
| <input type="checkbox"/> BRST-3 (B72.3) | <input type="checkbox"/> CEA/mono | <input type="checkbox"/> IRF-4(MUM1) | <input type="checkbox"/> Synaptophysin |
| <input type="checkbox"/> CA19.9 | <input type="checkbox"/> CEA/poly | <input type="checkbox"/> Kappa | <input type="checkbox"/> Tdt |
| <input type="checkbox"/> Calponin | <input type="checkbox"/> Chromogranin A (CGA) | <input type="checkbox"/> Lambda | <input type="checkbox"/> Thrombomodulin |
| <input type="checkbox"/> Calretinin | <input type="checkbox"/> CK5/6 | <input type="checkbox"/> MART-1/Melan-A | <input type="checkbox"/> Thyroglobulin |
| <input type="checkbox"/> CAM5.2 | <input type="checkbox"/> CK7 | <input type="checkbox"/> MIB-1 | <input type="checkbox"/> TTF-1 |
| <input type="checkbox"/> CD1a | <input type="checkbox"/> CK19 | <input type="checkbox"/> MOC-31 | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> CD3 | <input type="checkbox"/> CK20 | <input type="checkbox"/> MSA | <input type="checkbox"/> Villin |
| <input type="checkbox"/> CD4 | <input type="checkbox"/> CK903 | <input type="checkbox"/> Myogenin | <input type="checkbox"/> Vimentin |
| <input type="checkbox"/> CD5 | <input type="checkbox"/> CMV | <input type="checkbox"/> Neu-N | <input type="checkbox"/> WT-1 |
| <input type="checkbox"/> CD7 | <input type="checkbox"/> Cyclin D1 | <input type="checkbox"/> NSE | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> CD8 | <input type="checkbox"/> DBA.44 | <input type="checkbox"/> OC125 (CA125) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> CD10 (CALLA) | <input type="checkbox"/> Desmin | <input type="checkbox"/> OCT-2 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> CD15 | <input type="checkbox"/> Epithelial membrane antigen (EMA) | <input type="checkbox"/> P16 (INK4a) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> CD20 (L26) | <input type="checkbox"/> EGFR/PharmDX | <input type="checkbox"/> P53 | InSitu Hybridization: |
| <input type="checkbox"/> CD23 | <input type="checkbox"/> E-cadherin | <input type="checkbox"/> P62 | <input type="checkbox"/> ISH EBV |
| <input type="checkbox"/> CD30 (Ki-1) | <input type="checkbox"/> Estrogen receptor (ER) | <input type="checkbox"/> P63 | <input type="checkbox"/> ISH JCV |
| <input type="checkbox"/> CD34 | <input type="checkbox"/> Fascin | <input type="checkbox"/> PAX5 | <input type="checkbox"/> ISH Kappa/Lambda |

NOTE: This is a selected list of tests. Please see website (www.veripathlabs.com) for complete listing of available antibodies or call the laboratory.

Special Requests: _____

FOR VERIPATH USE ONLY: VERIPATH ACCESSION # _____ **Date/Time Received:** _____

Condition of specimen: _____

Frozen (Dry Ice) _____ Wet Ice _____ Room temperature _____ Other _____ Initials: _____