

Accession

AIP use only



IHC / Specialty Stains and Processing Request
333 Pine Ridge Blvd., Wausau, WI 54401

Received

Physician Name and Facility

Patient Information (include insurance facesheet)

| | | |
|----------------|---------------------------|---|
| Physician Name | Facility | Patient Name and DOB |
| Date Ordered | Surgical Accession Number | <input type="checkbox"/> Uncheck OK to transfer charges box |

| | |
|--|---|
| <input type="checkbox"/> Prepare H&E ONLY (Technical Fee) | <input type="checkbox"/> Surgical Consultation (88321) |
| <input type="checkbox"/> Gross & Prepare H&E (Technical Fee's) | <input type="checkbox"/> Surgical Case Sign out ONLY (Professional Fee) |
| <input type="checkbox"/> Prepare H&E w/ Interpretation (Tech. & Prof. Fee) | <input type="checkbox"/> Notification of pending FLOW to ARL |
| <input type="checkbox"/> IHC/Specialty Stain (Technical Fee) | <input type="checkbox"/> IHC/Specialty Stain (Tech. & Prof fee) |

| Epithelial | Hematologic | | Neuroendocrine | Soft Tissue | Melanocytic |
|--|------------------------------------|------------------------------------|---|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Calretinin | <input type="checkbox"/> BCL-2 | <input type="checkbox"/> CD68 | <input type="checkbox"/> Calcitonin | <input type="checkbox"/> Actin (SM) | <input type="checkbox"/> HMB-45 |
| <input type="checkbox"/> CEA/P | <input type="checkbox"/> BCL-6 | <input type="checkbox"/> CD117 | <input type="checkbox"/> CD56 | <input type="checkbox"/> CD34 | <input type="checkbox"/> MART-1 |
| <input type="checkbox"/> EMA | <input type="checkbox"/> CD3 | <input type="checkbox"/> CD138 | <input type="checkbox"/> Chromogranin A | <input type="checkbox"/> Desmin | <input type="checkbox"/> S100 |
| <input type="checkbox"/> Pan Keratin (AE1/AE3) | <input type="checkbox"/> CD5 | <input type="checkbox"/> Cyclin D1 | <input type="checkbox"/> Synaptophysin | <input type="checkbox"/> Factor VIII | |
| <input type="checkbox"/> OSCAR (Cytokeratin) | <input type="checkbox"/> CD10 | <input type="checkbox"/> Kappa | <input type="checkbox"/> Thyroglobulin | | |
| <input type="checkbox"/> CK5/6 | <input type="checkbox"/> CD15 | <input type="checkbox"/> Lambda | | | |
| <input type="checkbox"/> CK7 | <input type="checkbox"/> CD20 | <input type="checkbox"/> MPO | | | |
| <input type="checkbox"/> CK20 | <input type="checkbox"/> CD23 | <input type="checkbox"/> MUM1 | | | |
| <input type="checkbox"/> p16 | <input type="checkbox"/> CD30 | <input type="checkbox"/> PAX5 | | | |
| <input type="checkbox"/> p40 | <input type="checkbox"/> CD45(LCA) | <input type="checkbox"/> C-MYC | | | |
| <input type="checkbox"/> E-cadherin | | | | | |
| <input type="checkbox"/> EP-CAM (Ber4) | Other IHC | | IHC Panels | | |
| <input type="checkbox"/> PAX8 | <input type="checkbox"/> AFP | <input type="checkbox"/> Ki-67 | <input type="checkbox"/> NSCLC: p40, TTF-1 | | |
| | <input type="checkbox"/> CDX-2 | <input type="checkbox"/> PLAP | <input type="checkbox"/> Hodgkin's: CD3, 15, 20, 30, 45, PAX5, Fascin | | |
| Predictive Markers | <input type="checkbox"/> Fascin | <input type="checkbox"/> PSA | <input type="checkbox"/> Germ Cell Tumor: AFP, CD30, CD117, OSCAR | | |
| <input type="checkbox"/> ER (EgR) | <input type="checkbox"/> GATA3 | <input type="checkbox"/> Tryptase | <input type="checkbox"/> Diffuse Large B-Cell: | | |
| <input type="checkbox"/> PR (PgR) | <input type="checkbox"/> GFAP | <input type="checkbox"/> TTF-1 | CD3, 5, 10, 20, 23, 30, BCL2, Bcl6, CyclinD1, MUM1, Ki-67, cMYC | | |
| <input type="checkbox"/> HER-2/Neu | <input type="checkbox"/> HSA | <input type="checkbox"/> Vimentin | <input type="checkbox"/> Mesothelioma: AE1/AE3, EMA, Desmin, Calretinin, CK5/6, TTF1, CEA(P), EP-CAM (Ber4) | | |
| | <input type="checkbox"/> H.pylori | | | | |

| SS Group I | SS Group II | | Recut/Deeper |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> AFB | <input type="checkbox"/> Alcian Blue pH2.5 | <input type="checkbox"/> PAS | <input type="checkbox"/> Recut(s): |
| <input type="checkbox"/> B&B Gram | <input type="checkbox"/> Alkaline Congo Red | <input type="checkbox"/> PAS w/Diastase | <input type="checkbox"/> Deeper(s): |
| <input type="checkbox"/> Fite's | <input type="checkbox"/> Gomori's Fe | <input type="checkbox"/> G&S Reticulin | <input type="checkbox"/> Cut through block |
| <input type="checkbox"/> GMS | <input type="checkbox"/> Mayer's Mucicarmine | <input type="checkbox"/> Masson Trichrome | |
| <input type="checkbox"/> PAS/Fungus | | <input type="checkbox"/> VVG-Elastin | |

IHC and Stain Disclaimer: *Use of fixative(s) other than 10% NBF may not yield equivalent or satisfactory results. Our IHC and specialty stains have ONLY been validated on 10% NBF fixed, non-decalcified tissues.

Version Date: 10/20/2020

Quality Assurance: HT/HTL initials: _____ Pathologist initials: _____

Controls: Satisfactory, unless otherwise stated. Satisfactory means that positive control/s stained appropriately as well as patient tissue appears technically acceptable.

Comment(s) or Follow-up:

Reviewed: _____