

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/Polyclonal	<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"/> SOX-10
<input type="checkbox"/> OSCAR (Cytokeratin)	<input type="checkbox"/> CD10	<input type="checkbox"/> Kappa	<input type="checkbox"/> Thyroglobulin	<input type="checkbox"/> STAT6	
<input type="checkbox"/> CK5/6	<input type="checkbox"/> CD15	<input type="checkbox"/> Lambda			
<input type="checkbox"/> CK7	<input type="checkbox"/> CD20 (L26)	<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, MUM1		
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"/> MMR	<input type="checkbox"/> H.pylori	<input type="checkbox"/> CMV			

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"/> B&B Gram	<input type="checkbox"/> Alkaline Congo Red	<input type="checkbox"/> PAS w/Diastase
<input type="checkbox"/> Fite's	<input type="checkbox"/> Gomori's Fe	<input type="checkbox"/> G&S Reticulin
<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: 11/02/2021

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: _____