

UP Health System Marquette- A Duke Lifepoint Hospital

Department Of Pathology

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Request for Histology Stains

Patient Information:

Name: _____ DOB: _____ SEX : F / M

Specimen Information:

Specimen ID: _____ Number of Slides: _____ Number of Blocks: _____ ICD 10: _____

Collection Date: _____ Specimen source: _____

Clinic/Client Information:

Location: _____

Phone: _____

Fax: _____

Requesting Physician Signature

Date

Printed Name

NPI

Please Bill To: ☐ Account ☐ Patient/Insurance (Please Include a Copy of Patient Insurance)

Immunohistochemistry:

☐ Technical Component Only

☐ Professional and Technical Component

- | | | | | |
|-------------------------------------|---|---------------------------------------|---|--|
| ☐ BER-EP4 | ☐ CD43 | ☐ CK 20 | ☐ Ki-67 (mib-1) | ☐ P-57 |
| ☐ BCL-2 | ☐ CD45 (LCA) | ☐ CK 34betaE12 | ☐ Mammaglobin | ☐ P-63 |
| ☐ BCL-6 | ☐ CD56 | ☐ CYCLIN D1 | ☐ MART-1/melan-A | ☐ PAX-5 |
| ☐ CA19-9 | ☐ CD68 | ☐ Desmin | ☐ MART-1/melan-A Red | ☐ PAX-8 |
| ☐ CA1X | ☐ CD79a | ☐ E-Cadherin | ☐ MOC-31 | ☐ PIN-4 |
| ☐ Calretinin | ☐ CD117(C-Kit) | ☐ EMA | ☐ MSI - MLH-1 | ☐ PR |
| ☐ CD3 | ☐ CD138 | ☐ ER | ☐ MSI - MSH-2 | ☐ PSA |
| ☐ CD5 | ☐ CD163 | ☐ Factor 13a | ☐ MSI - MSH-6 | ☐ S-100 |
| ☐ CD10 | ☐ CDX-2 | ☐ GATA 3 | ☐ MSI - PMS-2 | ☐ SMA |
| ☐ CD15 | ☐ CEA | ☐ GCDFP-15 | ☐ MUM-1 | ☐ SMM |
| ☐ CD20 | ☐ Chromogranin A | ☐ HSA | ☐ Napsin-A | ☐ Synaptophysin |
| ☐ CD23 | ☐ CK 5/6 | ☐ HER-2-NEU | ☐ PAN CK (AEI/AE3) | ☐ TTF-1 |
| ☐ CD30 | ☐ CK 7 | ☐ HMB-45 | ☐ P-16 | ☐ Vimentin |
| ☐ CD31 | ☐ CK 8/18 | ☐ HMB-45 Red | ☐ P-40 | ☐ WT-1 |
| ☐ CD34 | ☐ CK 19 | ☐ H. Pylori | ☐ P-53 | |

Additional Stains _____

Special Stains:

☐ Technical Component Only

☐ Professional and Technical Component

- | | | | |
|---|---|---|---------------------------------------|
| ☐ Alcian Blue | ☐ Iron | ☐ Reticulum | ☐ H&E 3 Levels |
| ☐ AFB (Kinyoun) | ☐ Jones | ☐ Trichrome | ☐ H&E Re-Cut |
| ☐ B&B Gram | ☐ Mucicarmine | ☐ Verhoff-Van Gieson | |
| ☐ Colloidal Iron | ☐ PAS w/Diastase | ☐ Auraine-Rhodamine | |
| ☐ GMS | ☐ PAS | | |
| ☐ GMS/Pneumo | ☐ PAS/Fungus | | |

Additional Stains _____

Date Received at UPHS-M _____ Date Returned _____