

Special Stain Request Form



Date: _____

Requesting Doctor: _____

Case #/Block #: _____

Patient Name: _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Recut (x1)
<input type="checkbox"/> Step Levels (x3)
<input type="checkbox"/> Step Level (x3) Exhaust Block
<input type="checkbox"/> Complete Epidermis (x1)

<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Colloidal Iron
<input type="checkbox"/> Congo Red
<input type="checkbox"/> Elastic
<input type="checkbox"/> Fluorescent AFB
<input type="checkbox"/> Fontana-Masson
<input type="checkbox"/> Gram
<input type="checkbox"/> CAE
<input type="checkbox"/> PAS
<input type="checkbox"/> PAS-D
<input type="checkbox"/> Perl's Iron | <input type="checkbox"/> Step Level (x3) Melan A
<input type="checkbox"/> Step Level (x3) Exhaust Block with (x2) unstained between each level
<input type="checkbox"/> Step Level (x3) Exhaust Block with a PAS-D and H&E on each level |
|---|---|--|

IHC	Dilution	IHC	Dilution	IHC	Dilution
<input type="checkbox"/> CD1a	_____	<input type="checkbox"/> c-Myc	_____	<input type="checkbox"/> Mast Cell	_____
<input type="checkbox"/> CD2	_____	<input type="checkbox"/> ChromagraninA	_____	<input type="checkbox"/> Tryptase	_____
<input type="checkbox"/> CD3	_____	<input type="checkbox"/> D-240	_____	<input type="checkbox"/> MelanA	_____
<input type="checkbox"/> CD4	_____	<input type="checkbox"/> Desmin	_____	<input type="checkbox"/> MiTF	_____
<input type="checkbox"/> CD5	_____	<input type="checkbox"/> ERG	_____	<input type="checkbox"/> Myeloperoxidase	_____
<input type="checkbox"/> CD7	_____	<input type="checkbox"/> FactorXIIIA	_____	<input type="checkbox"/> Neurofilament	_____
<input type="checkbox"/> CD8	_____	<input type="checkbox"/> HMB-45	_____	<input type="checkbox"/> p16	_____
<input type="checkbox"/> CD10	_____	<input type="checkbox"/> HSVI/HSV2	_____	<input type="checkbox"/> p63	_____
<input type="checkbox"/> CD20	_____	<input type="checkbox"/> IgG	_____	<input type="checkbox"/> PGP9.5	_____
<input type="checkbox"/> CD21	_____	<input type="checkbox"/> IgM	_____	<input type="checkbox"/> S-100	_____
<input type="checkbox"/> CD30	_____	<input type="checkbox"/> Kappa	_____	<input type="checkbox"/> SMA	_____
<input type="checkbox"/> CD31	_____	<input type="checkbox"/> KerAE 1/3	_____	<input type="checkbox"/> SOX-10	_____
<input type="checkbox"/> CD34	_____	<input type="checkbox"/> Keratin 5/6	_____	<input type="checkbox"/> Spirochete	_____
<input type="checkbox"/> CD45	_____	<input type="checkbox"/> Keratin 7	_____	<input type="checkbox"/> Synaptophysin	_____
<input type="checkbox"/> CD68	_____	<input type="checkbox"/> Keratin 20	_____	<input type="checkbox"/> Vimentin	_____
<input type="checkbox"/> CD123	_____	<input type="checkbox"/> Ki-67	_____	<input type="checkbox"/> Zoster	_____
		<input type="checkbox"/> Lambda	_____		

DIF IgA <u>RTU</u> IgG <u>RTU</u> IgM <u>RTU</u> C3 <u>RTU</u> Fibrinogen <u>RTU</u>	Double Stains <input type="checkbox"/> Keratin5/6&S-100 _____ <input type="checkbox"/> Ki-67&MelanA _____ <input type="checkbox"/> MelanA&pHH3 _____	MF Panel <input type="checkbox"/> CD4 _____ <input type="checkbox"/> CD8 _____ <input type="checkbox"/> CD3 _____ <input type="checkbox"/> CD5 _____ <input type="checkbox"/> CD2 _____ <input type="checkbox"/> CD7 _____ <input type="checkbox"/> CD20 _____
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	Date	Initials	
Cut			
Stained			
Sent			
Outside Slide			

- Please Request Block #: _____
 Block Requested:
 Initials: _____ Date: _____

