

**Special Stain Request Form**

Date: \_\_\_\_\_

Requesting Doctor: \_\_\_\_\_

Case #/Block #: \_\_\_\_\_

Patient Name: \_\_\_\_\_

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Recut (x1)                    | <input type="checkbox"/> Colloidal Iron              | <input type="checkbox"/> AFB  |
| <input type="checkbox"/> L3-One Slide                  | <input type="checkbox"/> Congo Red                   | <input type="checkbox"/> Von Kossa  |
| <input type="checkbox"/> Step Levels (x3)              | <input type="checkbox"/> Elastic                     | -----   |
| <input type="checkbox"/> Step Level (x3) Exhaust Block | <input type="checkbox"/> Fluorescent AFB             |   |
| <input type="checkbox"/> Complete Epidermis (x1)       | <input type="checkbox"/> Fontana-Masson              |   |
| <input type="checkbox"/> LTB on one slide              | <input type="checkbox"/> Gram                        | <input type="checkbox"/> Step Level (x3) Melan A _____  |
| <input type="checkbox"/> Other: _____                  | <input type="checkbox"/> CAE (Chloracetate Esterase) | <input type="checkbox"/> Step Level (x3) Exhaust Block with (x2) unstained between each level |
|  | <input type="checkbox"/> PAS                         |   |
|  | <input type="checkbox"/> PAS-D                       | <input type="checkbox"/> Step Level (x3) Exhaust Block with a PAS-D and H&E on each level     |
|  | <input type="checkbox"/> Perl's Iron                 |   |
|  | <input type="checkbox"/> Fite                        |   |
|  | <input type="checkbox"/> GMS                         |   |

<u>IHC</u>	<u>Dilution</u>	<u>IHC</u>	<u>Dilution</u>	<u>IHC</u>	<u>Dilution</u>
<input type="checkbox"/> CD1a	_____	<input type="checkbox"/> c-Myc	_____	<input type="checkbox"/> Mast Cell	_____
<input type="checkbox"/> CD2	_____	<input type="checkbox"/> ChromograninA	_____	<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"/> FactorXIIIa	_____	<input type="checkbox"/> Myeloperoxidase	_____
<input type="checkbox"/> CD7	_____	<input type="checkbox"/> HMB-45	_____	<input type="checkbox"/> Neurofilament	_____
<input type="checkbox"/> CD8	_____	<input type="checkbox"/> HSVI/HSV2	_____	<input type="checkbox"/> p16	_____
<input type="checkbox"/> CD10	_____	<input type="checkbox"/> IgG	_____	<input type="checkbox"/> p63	_____
<input type="checkbox"/> CD20	_____	<input type="checkbox"/> IgM	_____	<input type="checkbox"/> PGP9.5	_____
<input type="checkbox"/> CD21	_____	<input type="checkbox"/> Kappa	_____	<input type="checkbox"/> S-100	_____
<input type="checkbox"/> CD30	_____	<input type="checkbox"/> KerAE 1/3	_____	<input type="checkbox"/> SMA	_____
<input type="checkbox"/> CD31	_____	<input type="checkbox"/> Keratin 5/6	_____	<input type="checkbox"/> SOX-10	_____
<input type="checkbox"/> CD34	_____	<input type="checkbox"/> Keratin 7	_____	<input type="checkbox"/> Spirochete	_____
<input type="checkbox"/> CD45	_____	<input type="checkbox"/> Keratin 20	_____	<input type="checkbox"/> Synaptophysin	_____
<input type="checkbox"/> CD68	_____	<input type="checkbox"/> Ki-67	_____	<input type="checkbox"/> Vimentin	_____
<input type="checkbox"/> CD123	_____	<input type="checkbox"/> Lambda	_____	<input type="checkbox"/> Zoster	_____
				<input type="checkbox"/> PRAME	_____

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

	Date	Initials
Cut		
Stained		
Sent		
Outside Slide		

- Please Request Block #: \_\_\_\_\_
- Block Requested: \_\_\_\_\_
- Initials: \_\_\_\_\_ Date: \_\_\_\_\_

