

# Special Stain Request Form

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

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

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

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

- Recut (x1)
- L3-One Slide
- Step Levels (x3)
- Step Level (x3) Exhaust Block
- Complete Epidermis (x1)
- LTB on one slide
- Other: \_\_\_\_\_

- Colloidal Iron
- Congo Red
- Elastic
- Fluorescent AFB
- Fontana- Masson
- Gram
- CAE (Chloracetate Esterase)
- PAS
- PAS-D
- Perl's Iron
- Fite
- GMS

- AFB
- Von Kossa

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- Step Level (x3) Melan A \_\_\_\_\_
- Step Level (x3) Exhaust Block with (x2) unstained between each level
  
- Step Level (x3) Exhaust Block with a PAS-D and H&E on each level

<u>IHC</u>	<u>Dilution</u>
<input type="checkbox"/> ALK1	_____
<input type="checkbox"/> BAP1	_____
<input type="checkbox"/> BCL-2	_____
<input type="checkbox"/> BCL-6	_____
<input type="checkbox"/> Beta Catenin	_____
<input type="checkbox"/> CD1a	_____
<input type="checkbox"/> CD2	_____
<input type="checkbox"/> CD3	_____
<input type="checkbox"/> CD4	_____
<input type="checkbox"/> CD5	_____
<input type="checkbox"/> CD7	_____
<input type="checkbox"/> CD8	_____
<input type="checkbox"/> CD10	_____
<input type="checkbox"/> CD20	_____
<input type="checkbox"/> CD21	_____
<input type="checkbox"/> CD30	_____
<input type="checkbox"/> CD31	_____
<input type="checkbox"/> CD34	_____
<input type="checkbox"/> CD45	_____

<u>IHC</u>	<u>Dilution</u>
<input type="checkbox"/> CD68	_____
<input type="checkbox"/> CD123	_____
<input type="checkbox"/> ChromograninA	_____
<input type="checkbox"/> c-MYC	_____
<input type="checkbox"/> D-240	_____
<input type="checkbox"/> Desmin	_____
<input type="checkbox"/> EMA	_____
<input type="checkbox"/> ERG	_____
<input type="checkbox"/> FactorXIIIA	_____
<input type="checkbox"/> HHV8	_____
<input type="checkbox"/> HMB-45	_____
<input type="checkbox"/> HSVI/HSV2	_____
<input type="checkbox"/> IgG	_____
<input type="checkbox"/> IgM	_____
<input type="checkbox"/> Kappa	_____
<input type="checkbox"/> KerAE 1/3	_____
<input type="checkbox"/> Keratin 5/6	_____
<input type="checkbox"/> Keratin 7	_____
<input type="checkbox"/> Keratin 20	_____

<u>IHC</u>	<u>Dilution</u>
<input type="checkbox"/> Ki-67	_____
<input type="checkbox"/> Lambda	_____
<input type="checkbox"/> Mast Cell Tryptase	_____
<input type="checkbox"/> MelanA	_____
<input type="checkbox"/> MiTF	_____
<input type="checkbox"/> Myeloperoxidase	_____
<input type="checkbox"/> Neurofilament	_____
<input type="checkbox"/> p16	_____
<input type="checkbox"/> p63	_____
<input type="checkbox"/> PGP9.5	_____
<input type="checkbox"/> PHH3	_____
<input type="checkbox"/> PRAME	_____
<input type="checkbox"/> S-100	_____
<input type="checkbox"/> SMA	_____
<input type="checkbox"/> SOX-10	_____
<input type="checkbox"/> Spirochete	_____
<input type="checkbox"/> Synaptophysin	_____
<input type="checkbox"/> Vimentin	_____
<input type="checkbox"/> Zoster	_____

<u>DIF</u>	
IgA	_____ RTU _____
IgG	_____ RTU _____
IgM	_____ RTU _____
C3	_____ RTU _____
Fibrinogen	_____ RTU _____

<u>Double Stains</u>	
<input type="checkbox"/> Keratin5/6&S-100	_____
<input type="checkbox"/> Ki-67&MelanA	_____
<input type="checkbox"/> MelanA&pHH3	_____

<u>MF Panel</u>	
<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	_____

	Date	Initials
Cut		
Stained		
Sent		
Outside Slide		

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

