

Special Requests

Date: _____
Case#/Block#: _____

Requesting Doctor: _____
Patient Name: _____

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Fluorescent AFB | <input type="checkbox"/> Gram | <input type="checkbox"/> PAS-D Levels (x3) |
| <input type="checkbox"/> Colloidal Iron | <input type="checkbox"/> Perl's Iron | <input type="checkbox"/> Von Kossa |
| <input type="checkbox"/> Elastic | <input type="checkbox"/> PAS | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fontana-Masson | <input type="checkbox"/> PAS-D | |

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

<u>IHC</u>	Dilution		Dilution		Dilution
<input type="checkbox"/> CD1a	_____	<input type="checkbox"/> CD123	_____	<input type="checkbox"/> MelanA	_____
<input type="checkbox"/> CD2	_____	<input type="checkbox"/> c-Myc	_____	<input type="checkbox"/> Myeloperoxidase	_____
<input type="checkbox"/> CD3	_____	<input type="checkbox"/> ChromagraninA	_____	<input type="checkbox"/> Neurofilament	_____
<input type="checkbox"/> CD4	_____	<input type="checkbox"/> D-240	_____	<input type="checkbox"/> p63	_____
<input type="checkbox"/> CD5	_____	<input type="checkbox"/> Desmin	_____	<input type="checkbox"/> S-100	_____
<input type="checkbox"/> CD7	_____	<input type="checkbox"/> FactorXIIIa	_____	<input type="checkbox"/> SMA	_____
<input type="checkbox"/> CD8	_____	<input type="checkbox"/> HHV-8	_____	<input type="checkbox"/> SOX-10	_____
<input type="checkbox"/> CD10	_____	<input type="checkbox"/> HMB-45	_____	<input type="checkbox"/> Spirochete	_____
<input type="checkbox"/> CD20	_____	<input type="checkbox"/> HSV1/HSV2	_____	<input type="checkbox"/> Synaptophysin	_____
<input type="checkbox"/> CD21	_____	<input type="checkbox"/> KerAE1/3	_____	<input type="checkbox"/> Vimentin	_____
<input type="checkbox"/> CD30	_____	<input type="checkbox"/> Keratin 5/6	_____	<input type="checkbox"/> Zoster	_____
<input type="checkbox"/> CD31	_____	<input type="checkbox"/> Keratin 7	_____		
<input type="checkbox"/> CD34	_____	<input type="checkbox"/> Keratin 20	_____		
<input type="checkbox"/> CD45	_____	<input type="checkbox"/> Ki-67	_____		
<input type="checkbox"/> CD68	_____	<input type="checkbox"/> Mast Cell Tryptase	_____		

- DIF**
- | | | |
|-------------------------------------|-------|-----|
| <input type="checkbox"/> IgA | _____ | RTU |
| <input type="checkbox"/> IgG | _____ | RTU |
| <input type="checkbox"/> IgM | _____ | RTU |
| <input type="checkbox"/> C3 | _____ | RTU |
| <input type="checkbox"/> Fibrinogen | _____ | RTU |

- Double Stains**
- | | |
|--|-------|
| <input type="checkbox"/> Keratin 5/6&S-100 | _____ |
| <input type="checkbox"/> Ki-67&MelanA | _____ |
| <input type="checkbox"/> MelanA&pHH3 | _____ |

- MF Panel**
- | | |
|-------------------------------|-------|
| <input type="checkbox"/> CD2 | _____ |
| <input type="checkbox"/> CD3 | _____ |
| <input type="checkbox"/> CD4 | _____ |
| <input type="checkbox"/> CD5 | _____ |
| <input type="checkbox"/> CD8 | _____ |
| <input type="checkbox"/> CD20 | _____ |

	Date	Initials
Cut		
Stained		
Sent		
Outside Slide		

Please Request Block # _____

Block Requested:
Initials: _____ Date: _____