

# Special Stain Request Form



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

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

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

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Recut (x1)<br><input type="checkbox"/> Step Levels (x3)<br><input type="checkbox"/> Step Level (x3) Exhaust Block<br><input type="checkbox"/> Complete Epidermis (x1)<br><br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Colloidal Iron<br><input type="checkbox"/> Congo Red<br><input type="checkbox"/> Elastic<br><input type="checkbox"/> Fluorescent AFB<br><input type="checkbox"/> Fontana-Masson<br><input type="checkbox"/> Gram<br><input type="checkbox"/> PAS<br><input type="checkbox"/> PAS-D<br><input type="checkbox"/> Perl's Iron | <input type="checkbox"/> Step Level (x3) Melan A<br><input type="checkbox"/> Step Level (x3) Exhaust Block with (x2) unstained between each level<br><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"/> HSV1/HSV2	_____	<input type="checkbox"/> p63	_____
<input type="checkbox"/> CD20	_____	<input type="checkbox"/> IgG	_____	<input type="checkbox"/> S-100	_____
<input type="checkbox"/> CD21	_____	<input type="checkbox"/> IgM	_____	<input type="checkbox"/> SMA	_____
<input type="checkbox"/> CD30	_____	<input type="checkbox"/> Kappa	_____	<input type="checkbox"/> SOX-10	_____
<input type="checkbox"/> CD31	_____	<input type="checkbox"/> KerAE 1/3	_____	<input type="checkbox"/> Spirochete	_____
<input type="checkbox"/> CD34	_____	<input type="checkbox"/> Keratin 5/6	_____	<input type="checkbox"/> Synaptophysin	_____
<input type="checkbox"/> CD45	_____	<input type="checkbox"/> Keratin 7	_____	<input type="checkbox"/> Vimentin	_____
<input type="checkbox"/> CD68	_____	<input type="checkbox"/> Keratin 20	_____	<input type="checkbox"/> Zoster	_____
<input type="checkbox"/> CD123	_____	<input type="checkbox"/> Ki-67	_____		
		<input type="checkbox"/> Lambda	_____		

<b><u>DIF</u></b> IgA <u>RTU</u> IgG <u>RTU</u> IgM <u>RTU</u> C3 <u>RTU</u> Fibrinogen <u>RTU</u>	<b><u>Double Stains</u></b> <input type="checkbox"/> Keratin5/6&S-100 _____ <input type="checkbox"/> Ki-67&MelanA _____ <input type="checkbox"/> MelanA&pHH3 _____	<b><u>MF Panel</u></b> <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: \_\_\_\_\_

