

# Immunohistochemistry Requisition

## ACCOUNT INFORMATION

Client Name/Account Number: \_\_\_\_\_

Client Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Client Phone: \_\_\_\_\_ Client FAX: \_\_\_\_\_

**Immunohistochemistry Laboratory** Lab: 214-633-6393  
 6201 Harry Hines Blvd., UH04.426 FAX: 214-633-8854  
 Dallas, Texas 75390 Customer Service: 214-645-7057  
 CLIA #45D0665307 Toll Free: 877-887-8136  
 CAP #2070401 www.veripathlabs.com

## REQUIRED ORDER INFORMATION

Patient Name: (Last, First, Middle)		Mother's Name: (if infant)	Patient ID/MR #:	DOB:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Order:	Specimen Collected at: <input type="checkbox"/> Hospital Discharge Date: _____	<input type="checkbox"/> Clinic/Office	Collection Date:	Collection Time:	

ICD-10 Code(s) or Clinical Reasons for Tests Ordered: \_\_\_\_\_

Ordering Physician: _____	UPIN _____	Phone: _____	Pager: _____	FAX: _____
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## SPECIMEN INFORMATION

<input type="checkbox"/> Original request	<input type="checkbox"/> Additional request on this case	<b>Materials submitted:</b>	<b>Quantity:</b>	<b>Fixative</b>
Tissue Source: _____		<input type="checkbox"/> Blocks	_____	<input type="checkbox"/> Formalin
Client's accession number: _____		<input type="checkbox"/> Slides (Paraffin)	_____	<input type="checkbox"/> B5
Block designation: _____		<input type="checkbox"/> Slides (Frozen Sections)	_____	<input type="checkbox"/> None
		<input type="checkbox"/> Smears	_____	<input type="checkbox"/> Other
		<input type="checkbox"/> Other: _____	_____	_____

## ANTIBODY SELECTION

### Individual Antibodies:

- |  |  |
|--|--|
| <input type="checkbox"/> ACTH                  | <input type="checkbox"/> Glucagon                |
| <input type="checkbox"/> Actin, Sarcomeric     | <input type="checkbox"/> GLUT1                   |
| <input type="checkbox"/> Adenovirus            | <input type="checkbox"/> Glycophorin-A           |
| <input type="checkbox"/> AAndrogen Receptor    | <input type="checkbox"/> Glypican-3              |
| <input type="checkbox"/> BAF47                 | <input type="checkbox"/> Golgi                   |
| <input type="checkbox"/> BAP1                  | <input type="checkbox"/> Granzyme B              |
| <input type="checkbox"/> BOB-1                 | <input type="checkbox"/> Growth Hormone (GH)     |
| <input type="checkbox"/> BRST-3                | <input type="checkbox"/> H. pylori               |
| <input type="checkbox"/> C3d                   | <input type="checkbox"/> Hepatitis B, Core Ag    |
| <input type="checkbox"/> C4d (Paraffin)        | <input type="checkbox"/> Hepatitis B, Surface AG |
| <input type="checkbox"/> C4d (IF)              | <input type="checkbox"/> Hercep Test for Gastric |
| <input type="checkbox"/> CA19.9                | <input type="checkbox"/> Herpes Simplex 1&2      |
| <input type="checkbox"/> Cathepsin-K           | <input type="checkbox"/> HLA, Type II            |
| <input type="checkbox"/> CD163                 | <input type="checkbox"/> HMB45                   |
| <input type="checkbox"/> CD25                  | <input type="checkbox"/> IDH1(R132H)             |
| <input type="checkbox"/> CD61                  | <input type="checkbox"/> IgD                     |
| <input type="checkbox"/> CEA (Polyclonal)      | <input type="checkbox"/> IgG                     |
| <input type="checkbox"/> Collagen IV           | <input type="checkbox"/> IgG4                    |
| <input type="checkbox"/> Factor XIIIa          | <input type="checkbox"/> Kappa                   |
| <input type="checkbox"/> Fascin                | <input type="checkbox"/> KIR7.1                  |
| <input type="checkbox"/> Fli-1                 | <input type="checkbox"/> Lambda                  |
| <input type="checkbox"/> Follicle Stim Hormone | <input type="checkbox"/> Lutenizing Hormone (LH) |
| <input type="checkbox"/> Follicle Stim Hormone | <input type="checkbox"/> MAP2                    |
| <input type="checkbox"/> (FSH)                 | <input type="checkbox"/> Mart-1/Mel A            |
| <input type="checkbox"/> Galectin-3            | <input type="checkbox"/> Mast Cell Trypsin       |
| <input type="checkbox"/> Gastric Mucin         | <input type="checkbox"/> MDM2                    |
| <input type="checkbox"/> Gastrin               | <input type="checkbox"/> Melanoma Cocktail       |

### Special Stains:

- Gram
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

### InSitu Hybridization:

- ISH EBV
- ISH JCV
- ISH Kappa/Lambda

NOTE: This is a selected list of tests. Please see website (www.veripathlabs.com) for complete listing of available antibodies or call the laboratory.

Special Requests: \_\_\_\_\_

**FOR VERIPATH USE ONLY: VERIPATH ACCESSION #** \_\_\_\_\_ **Date/Time Received:** \_\_\_\_\_

Condition of specimen: \_\_\_\_\_

Frozen (Dry Ice) \_\_\_\_\_ Wet Ice \_\_\_\_\_ Room temperature \_\_\_\_\_ Other \_\_\_\_\_ **Initials:** \_\_\_\_\_