

**Edmonton Zone Immunohistochemistry Request Form**

Effective Date: 10 November 2017

## Edmonton Zone Immunohistochemistry Request Form

This document is applicable at site(s):

**All Sites**
**PATIENT NAME:** \_\_\_\_\_ **PHN:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Specimen Type:** \_\_\_\_\_

**Collection Date:** \_\_\_\_\_ **Ref. Lab:** \_\_\_\_\_

**Surgical Case #:** \_\_\_\_\_ **Requesting Pathologist:** \_\_\_\_\_

<input type="checkbox"/> A1AT <input type="checkbox"/> ACTH <input type="checkbox"/> ACTIN <input type="checkbox"/> AE1/AE3 <input type="checkbox"/> AFP <input type="checkbox"/> Alpha Synuclein <input type="checkbox"/> ALK-Lymphoma <input type="checkbox"/> ALK (5A4) <input type="checkbox"/> Androgen Receptor <input type="checkbox"/> ATRX  <input type="checkbox"/> B-Catenin <input type="checkbox"/> BCL2 <input type="checkbox"/> BCL6 <input type="checkbox"/> BerEP4 (Epithelial Antigen) <input type="checkbox"/> Beta Amyloid <input type="checkbox"/> BOB-1  <input type="checkbox"/> C4d (DAB – paraffin) <input type="checkbox"/> CAIX <input type="checkbox"/> Calcitonin <input type="checkbox"/> Caldesmon <input type="checkbox"/> Calretinin <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"/> CD15 <input type="checkbox"/> CD20 <input type="checkbox"/> CD21 <input type="checkbox"/> CD22 <input type="checkbox"/> CD23 <input type="checkbox"/> CD25 <input type="checkbox"/> PSA <input type="checkbox"/> PSAP <input type="checkbox"/> pSTAT-3	<input type="checkbox"/> CD30 <input type="checkbox"/> CD31 <input type="checkbox"/> CD34 <input type="checkbox"/> CD43 <input type="checkbox"/> CD45 <input type="checkbox"/> CD56 <input type="checkbox"/> CD57 <input type="checkbox"/> CD61 <input type="checkbox"/> CD68K <input type="checkbox"/> CD68P <input type="checkbox"/> CD79a <input type="checkbox"/> CD99 <input type="checkbox"/> CD117 (c-Kit) <input type="checkbox"/> CD123 <input type="checkbox"/> CD138 <input type="checkbox"/> CDK4 <input type="checkbox"/> CDX2 <input type="checkbox"/> CEA <input type="checkbox"/> Chromogranin A <input type="checkbox"/> CK 5 <input type="checkbox"/> CK 7 <input type="checkbox"/> CK 19 <input type="checkbox"/> CK 20 <input type="checkbox"/> CMV <input type="checkbox"/> cMYC <input type="checkbox"/> Cyclin-D1  <input type="checkbox"/> D2-40 <input type="checkbox"/> DBA44 <input type="checkbox"/> Desmin <input type="checkbox"/> DOG1  <input type="checkbox"/> EBER <input type="checkbox"/> E-Cadherin <input type="checkbox"/> EMA <input type="checkbox"/> Epithelial related antigen <input type="checkbox"/> ER  <div style="text-align: center;"><b>DUAL STAINS</b></div> <input type="checkbox"/> p63/D240	<input type="checkbox"/> ERG  <input type="checkbox"/> FSH  <input type="checkbox"/> Galectin 3 <input type="checkbox"/> Gastrin <input type="checkbox"/> GATA3 <input type="checkbox"/> GCDFP-15 <input type="checkbox"/> GFAP <input type="checkbox"/> GH <input type="checkbox"/> Glucose Transporter 1 <input type="checkbox"/> Glycophorin A <input type="checkbox"/> Granzyme B  <input type="checkbox"/> HBcAG <input type="checkbox"/> HBME-1 <input type="checkbox"/> HBsAG <input type="checkbox"/> HCG <input type="checkbox"/> Hep par-1 <input type="checkbox"/> HHV8 <input type="checkbox"/> HMB45 <input type="checkbox"/> HMK <input type="checkbox"/> HSV  <input type="checkbox"/> IDH1 <input type="checkbox"/> IgA <input type="checkbox"/> IgD <input type="checkbox"/> IgG <input type="checkbox"/> IgG4 <input type="checkbox"/> IgM <input type="checkbox"/> Insulin <input type="checkbox"/> Inhibin  <input type="checkbox"/> Kappa <input type="checkbox"/> ki-67 (MIB-1)  <input type="checkbox"/> Lambda  <div style="text-align: center;"><b>MUSCLE – FROZEN ONLY</b></div> <input type="checkbox"/> DYS I	<input type="checkbox"/> LH <input type="checkbox"/> LMK <input type="checkbox"/> LMP <input type="checkbox"/> Lysozyme  <input type="checkbox"/> Mammaglobin <input type="checkbox"/> MDM2 <input type="checkbox"/> Melan-A [MART-1] <input type="checkbox"/> Mucin4 <input type="checkbox"/> MUM-1 <input type="checkbox"/> Myeloperoxidase <input type="checkbox"/> MYF4 <input type="checkbox"/> Myosin  <input type="checkbox"/> Napsin A <input type="checkbox"/> Neu-N <input type="checkbox"/> Neurofilament <input type="checkbox"/> NKX3.1 <input type="checkbox"/> NSE  <input type="checkbox"/> OCT 2 <input type="checkbox"/> OCT 3/4  <input type="checkbox"/> p16 <input type="checkbox"/> p40 <input type="checkbox"/> p504S <input type="checkbox"/> p53 <input type="checkbox"/> p57 <input type="checkbox"/> p63 <input type="checkbox"/> p120 Catenin <input type="checkbox"/> PANK <input type="checkbox"/> PAX5 <input type="checkbox"/> PAX8 <input type="checkbox"/> PD1 <input type="checkbox"/> PD-L1 <input type="checkbox"/> PR <input type="checkbox"/> Prolactin <div style="text-align: center;"><b>MIS-MATCH REPAIR PROTEIN PANEL</b></div> <input type="checkbox"/> Send tumor and
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<ul style="list-style-type: none"> <li><input type="checkbox"/> S100</li> <li><input type="checkbox"/> Serotonin</li> <li><input type="checkbox"/> Smooth Muscle</li> <li><input type="checkbox"/> Myosin Heavy Chain</li> <li><input type="checkbox"/> Somatostatin</li> <li><input type="checkbox"/> SV40</li> <li><input type="checkbox"/> Synaptophysin</li>   <li><input type="checkbox"/> TIA-1</li> <li><input type="checkbox"/> Tryptase</li> <li><input type="checkbox"/> Tau</li> <li><input type="checkbox"/> TdT</li> <li><input type="checkbox"/> Thyroglobulin</li> <li><input type="checkbox"/> TSH</li> <li><input type="checkbox"/> TTF-1</li> <li><input type="checkbox"/> Ubiquitin</li> <li><input type="checkbox"/> Uroplakin II</li>   <li><input type="checkbox"/> Vimentin</li> <li><input type="checkbox"/> vWF</li>   <li><input type="checkbox"/> WT1</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> PANK/p63</li> <li><input type="checkbox"/> PIN (p63/p504S)</li> <li><input type="checkbox"/> SMM/p63</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> DYS II</li> <li><input type="checkbox"/> DYS III</li> <li><input type="checkbox"/> Spectrin</li> </ul>	<p>normal tissue block with surgical report</p> <p>Normal block: _____</p> <p>Tumour block: _____</p> <p><b>HORMONE RECEPTORS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In-Situ Panel</li> <li><input type="checkbox"/> Invasive Panel</li> </ul> <p>Devitalization time: _____</p> <p>Fixation time: _____ hrs</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> (<i>Send representative tissue block with request form and surgical report</i>)</li> </ul>
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Room 2338, Cross Cancer Institute, 11560-University Ave, Edmonton Alberta, T6G 1Z2 P:780-432-8587 F:780-432-8214