

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

- 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"/> CD117 | _____ |
| <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> | <u>RTU</u> |
|------------|------------|
| IgA | _____ |
| IgG | _____ |
| IgM | _____ |
| C3 | _____ |
| Fibrinogen | _____ |

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

- | <u>MF Panel</u> | <u>_____</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: _____

