



## Hematopathology/Immunohistochemistry Requisition

**Patient** (Attach copy of hospital face sheet and/or insurance card)

**Client**

|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: _____ Sex: M F<br>Address: _____<br>City, State, Zip: _____<br>Date of Birth: _____ SSN: _____<br><input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Physician's Office<br><b>Bill:</b> <input type="checkbox"/> Medicare <input type="checkbox"/> Insurance <input type="checkbox"/> Patient <input type="checkbox"/> Client/Hospital | Name: _____<br>Hospital Accession #: _____<br>Client Reference #: _____<br>Ordering Provider: _____<br>Additional Copies To: _____<br>Phone: _____ Fax: _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Specimen Information (Attach any pertinent lab information/results)

|                                                                                                                     |                                 |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Source: _____                                                                                                       | Date/Time Collected: _____      |
| <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen<br><input type="checkbox"/> Decalcified              |                                 |
| Specimen #: _____                                                                                                   | # Blocks: _____ # Slides: _____ |
| Fixative: _____                                                                                                     | Fixation Length: _____          |
| Cassette Time/Date: _____                                                                                           | Processor Date/Time: _____      |
| Type: <input type="checkbox"/> Microwave <input type="checkbox"/> Alcohol <input type="checkbox"/> Alcohol & Xylene |                                 |
| Known Malignancy/Dx under Consideration: _____                                                                      | ICD-10: _____                   |

### IHC Testing

|                                                                                                                       |                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Technical Only <input type="checkbox"/> Interpretation <input type="checkbox"/> Consultation | Histology: <input type="checkbox"/> H&E <input type="checkbox"/> Special Stains: |
| IHC Stain(s) Requested (see antibody list on back) : _____                                                            |                                                                                  |

### Flow Cytometry/Molecular Testing

*Specimen Requirements: BM – Sodium Heparin, PB – EDTA, Tissue – RPMI, Paraffin Block for FISH/Molecular. Store at room temperature.*

|                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Flow Cytometry</b><br><input type="checkbox"/> Leukemia/Lymphoma Panel<br><input type="checkbox"/> High Sensitivity PNH (CD59) (PB ONLY)<br><input type="checkbox"/> CD34 Stem Cell %<br><input type="checkbox"/> CD4/CD8* (Include CBC)<br><input type="checkbox"/> T/B/NK* (Include CBC)<br><input type="checkbox"/> CD19/CD20* (Include CBC)<br><input type="checkbox"/> Hereditary Spherocytosis* (Include CBC) | <b>Molecular Diagnostics</b> (Includes a request for interpretation by the Molecular Pathologist as appropriate)<br><input type="checkbox"/> BCR/ABL Major Quant <input type="checkbox"/> BCR/ABL Minor Quant <input type="checkbox"/> JAK2 V617F <input type="checkbox"/> MSI (IHC/PCR) <input type="checkbox"/> BRAF V600 (PCR)<br><input type="checkbox"/> GI Panel (Her-2/neu IHC*/PD-L1 IHC/MSI IHC**) <input type="checkbox"/> Melanoma Panel (BRAF V600 PCR)<br><input type="checkbox"/> Lung Panel (EGFR PCR/Her-2/neu IHC**/PD-L1 IHC/ALK FISH/ROS1 FISH/NRG1 FISH)<br><i>*MSI IHC reflexed to MSI PCR or BRAF V600 PCR as appropriate **Her-2/neu IHC reflexed to FISH if equivocal</i><br><b>FISH</b> <input type="checkbox"/> BCR/ABL <input type="checkbox"/> Her-2/neu <input type="checkbox"/> BCL-1 <input type="checkbox"/> BCL-2 <input type="checkbox"/> BCL-6 <input type="checkbox"/> MYC <input type="checkbox"/> RARA-PML <input type="checkbox"/> 6q21/MYB<br><input type="checkbox"/> ALK <input type="checkbox"/> ROS1 <input type="checkbox"/> NRG1 <input type="checkbox"/> CLL <input type="checkbox"/> GLIOMA (1p19q) <input type="checkbox"/> BRAF (Glioma) <input type="checkbox"/> EWSR1 <input type="checkbox"/> MDS <input type="checkbox"/> AML <input type="checkbox"/> p16 (CDKN2A)<br><input type="checkbox"/> DDIT3 <input type="checkbox"/> MDM2 <input type="checkbox"/> BILIARY PANEL <input type="checkbox"/> MYELOMA <input type="checkbox"/> MEDULLOBLASTOMA <input type="checkbox"/> NEUROBLASTOMA<br><input type="checkbox"/> TFE3 <input type="checkbox"/> TFEB <input type="checkbox"/> SALIVARY PANEL <input type="checkbox"/> MAML2 <input type="checkbox"/> DUSP-IRF4 <input type="checkbox"/> IgH <input type="checkbox"/> TP53 <input type="checkbox"/> B-ALL |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Sendout Tests:**

**Discharge Date:**

**Order Date:**

**Provider Signature:**

**Completed by:**

## PLEASE CHECK PROCEDURES REQUESTED

☐ Actin (Muscle Specific) (HHF-35)  
☐ Actin (Smooth Muscle)  
☐ Adenovirus  
☐ Adrenocorticotrophic (ACTH)  
☐ AFB (Acid Fast Bacteria)  
☐ AFB-FITE  
☐ Alcian Blue pH 2.5  
☐ ALK (5A4) (Lung)  
☐ ALK 1 (ALCL) (CD246)  
☐ Alpha Fetoprotein (AFP)  
☐ Androgen Receptor  
☐ ARID1A (HGEC)  
☐ Arginase (Liver Cancer)  
☐ ATRX (Glioma)  
☐ B72.3  
☐ BAP1 (Bap-oma)  
☐ BCL-1 (Cyclin D1)  
☐ BCL-2 (Apoptosis)  
☐ BCL-6  
☐ Beta Catenin- (17C2)  
☐ B-Chorionic Gonadotrophin (  $\beta$ -HCG)  
☐ BOB-1 (B-Cell)  
☐ CA-125 (OC-125)  
☐ CA-19-9  
☐ Calcitonin  
☐ Caldesmon  
☐ Calponin  
☐ Calretinin (Mesothelioma)  
☐ CAM 5.2  
☐ Carbonic Anhydrase IX (Clear Cell Renal Ca)  
☐ Carcinoembryonic Antigen (CEA) (POLY)  
☐ Carcinoembryonic Antigen (CEA) (MONO)  
☐ CD 1a  
☐ CD 2  
☐ CD 3 (T-Cell)  
☐ CD 4  
☐ CD 5  
☐ CD 7  
☐ CD 8  
☐ CD 10  
☐ CD 14  
☐ CD 15 Reed Sternberg  
☐ CD 19  
☐ CD 20 (L26) (B-Cell)  
☐ CD 21  
☐ CD 22  
☐ CD 23  
☐ CD 25  
☐ CD 30 (JCM182)  
☐ CD 31 (Endothelial)  
☐ CD 33 (AML)  
☐ CD 34 (QPEnd/10)  
☐ CD 38  
☐ CD 43 (MT1) (T-Cell)  
☐ CD 45 (Common Leukocyte Antigen)  
☐ CD 56  
☐ CD 57 (Leu 7)  
☐ CD 61 (2f2)  
☐ CD 68 (514H12) (Macrophage)  
☐ CD 71 (Erythroid)  
☐ CD 79a (B-Cell)  
☐ CD 117 (c kit) (GIST)  
☐ CD123 (Plasmacytoid/Dendritic)  
☐ CD 138 (Plasma Cells)  
☐ CD163 (Histiocytes)  
☐ CD 200  
☐ CD 269 (BCMA)  
☐ CDX-2  
☐ Chromogranin  
☐ CLDN18  
☐ c-Myc  
☐ Congo Red (Amyloid)  
☐ Cytokeratin 5  
☐ Cytokeratin 5/6

☐ Cytokeratin 7  
☐ Cytokeratin 8 (LMW)  
☐ Cytokeratin 14  
☐ Cytokeratin 17 (CK17)  
☐ Cytokeratin 18 (CK18)  
☐ Cytokeratin 19  
☐ Cytokeratin 20 (Merkel Cell)  
☐ Cytokeratin-AE1/3  
☐ Cytomegalovirus (CMV) (IHC\*)  
☐ D2-40 - Podoplanin  
☐ Desmin  
☐ DOG-1 (GIST)  
☐ EBER (ISH\*)  
☐ E-Cadherin (NEED BLOCK)  
☐ Elastic (Verhoeffs Van Gieson)  
☐ EMA  
☐ Epithelial Antigen (Ber-EP4)  
☐ Epithelial Related Antigen (MOC31)  
☐ ERG (EP111) -Angiogenesis  
☐ Estrogen Receptor (SP1) (NEED BLOCK)  
☐ Factor XIIIa (Dermatofibroma)  
☐ Follicle Stimulating Hormone (FSH)  
☐ Fontana Masson (Melanin)  
☐ Fumarate Hydratase  
☐ Gastrin  
☐ GATA 3 (Breast Lobular/Urothelial)  
☐ GCDPF-15 (Brst-2)  
☐ Glial Fibrillary Acidic Protein (GFAP)  
☐ Glypican 3  
☐ GMS  
☐ Gram  
☐ Granzyme B  
☐ Growth Hormone (GH)  
☐ HBME-1  
☐ *Helicobacter pylori*  
☐ Hepatocyte (HCC)  
☐ Her-2/neu (cerbB-2) IHC (NEED BLOCK)  
☐ Her-2/neu FISH (NEED BLOCK)  
☐ Herpes Simplex Virus (HSV)  
☐ HHV-8 (Kaposi's Sarcoma Virus)  
☐ HMGA2 (HGEC)  
☐ HMB 45  
☐ HNF1B (HGEC)  
☐ HPV-HR mRNA (ISH\*) (INCLUDES INTERPRETATION)  
☐ HPV-LR mRNA (ISH\*) (INCLUDES INTERPRETATION)  
☐ IDH1 (Glioblastoma)  
☐ IgA  
☐ IgD  
☐ IgG  
☐ IgG4  
☐ IgM  
☐ IMP3 (Pancreatic Ca)  
☐ Inhibin  
☐ INSM1  
☐ Insulin  
☐ Iron  
☐ Kappa (IHC)  
☐ Kappa (ISH\*)  
☐ Ki67 (K2) (NEED BLOCK)  
☐ Lambda (IHC)  
☐ Lambda (ISH\*)  
☐ Langerin  
☐ LEF1  
☐ LMO2  
☐ Lutenizing Hormone (LH)  
☐ Mammoglobin  
☐ MART 1 (Melanin A)  
☐ Masson's Trichrome  
☐ MITF  
☐ MUC4 (Pancreatic Adeno Ca)  
☐ Mucicarmine  
☐ MUM-1  
☐ Myeloperoxidase (MPO)  
☐ Mvoglobulin

☐ Naosin A  
☐ Neurofilament (NF)  
☐ NKX2.2 (Ewing's Sarcoma)  
☐ NKX3.1 (Prostate Adeno Ca)  
☐ NSE- Neuron Specific Enolase  
☐ NTRK (1, 2, 3) (INCLUDES INTERPRETATION)  
☐ NUT  
☐ Oct-2 (B-Cell)  
☐ Oct-3/4  
☐ Olig 2  
☐ p16  
☐ p40  
☐ P504S  
☐ p53  
☐ p57  
☐ p63 (Prostate Cancer)  
☐ p120 Catenin (MRQ-5) (NEED BLOCK)  
☐ Parathyroid Hormone (PTH)  
☐ Parvo Virus  
☐ PAS for Fungus  
☐ PAS with Diastase  
☐ PAS without Diastase  
☐ PAX-5  
☐ PAX-8  
☐ PD-1  
☐ PD-L1 (22C3) (INCLUDES INTERPRETATION)  
☐ PHH3  
☐ Placental Alkaline Phosphatase (PLAP)  
☐ Placental Lactogen, Human (HPL)  
☐ PRAME (Melanoma)  
☐ Progesterone Receptor (16) (NEED BLOCK)  
☐ Prolactin  
☐ Prostate Specific Antigen (PSA)  
☐ Prostatic Acid Phosphatase (PAP)  
☐ PTEN (HGEC)  
☐ Reticulin  
☐ S-100  
☐ SATB2  
☐ SDHB  
☐ SF-1  
☐ Smooth Muscle Myosin (S131)  
☐ Somatostatin rec 2A  
☐ SOX-10  
☐ SOX-11  
☐ SS18-SSX  
☐ STAT-6  
☐ SV40/BK virus  
☐ Synaptophysin  
☐ TdT  
☐ Thyroglobulin  
☐ Thyroid Stimulating Hormone (TSH)  
☐ Thyroid transcription factor 1 (TTF-1)  
☐ TLE1  
☐ *Treponema pallidum* - *spirochetes*  
☐ Trypsin (Mast Cell)  
☐ Tyrosinase  
☐ *Varicella zoster* (Chicken Pox)  
☐ Vimentin  
☐ Von Kossa for Calcium  
☐ WT-1 Wilm's Tumor

### STAIN PANELS

#### Breast Penta (DCIS) Stain

☐ CK5/CK14/p63 - Brown/CK7/CK18 - Red

#### Mesothelioma

☐ 872.3, CEA, CD15, Calretinin, CK5/6, WT-1, p63, TTF-1  
**MSI**

☐ MLH-1, MSH-2, MSH-6, PMS2

#### Prostate Biopsies

☐ CK5, CK14, p63 – Brown/P504S - Red

#### Double Stain

☐ Brown \_\_\_\_\_ Red \_\_\_\_\_