

SPECIAL REQUEST FORM



DATE: ___ / ___ / _____ ACCESSION # _____ BLOCK # _____

PATIENTS NAME: _____ PATHOLOGIST: _____

AE1/AE3	CEA	LCA (CD45)	AFB
BCL-2	Chromogranin A	Mast Cell Tryptase	Alcian Blue
BCL-6	CK20	Melan A	Alcian Blue/PAS
CA125	CK34Be12/HMW	MITF	Colloidal Iron
CA19-9	CK5/6	MSA	Congo Red
Calretinin	CK7	MLH1	Diff Quick
CD10	CK8/18	MSH2	Elastic
CD117	CMV-EA/LA	MSH6	Fontana Masson
CD138	Cyclin D1/BCL-1	NKX3.1	GMS
CD1a	D2-40	NSE	Gram
CD2	Desmin	P16	Iron
CD20	DOG-1	P53	Mucicarmine
CD23	EMA	P63	PAS
CD3	ER	Pax-5	PAS/Diastase
CD30	ERG	PIN4	PAS/Fungus
CD31	Factor 13a	PMS2	Reticulin
CD34	Factor 8	PR	Sirius Red
CD4	Gastrin	PSAP	Toluidine Blue
CD43	GCDFP-15	PTEN	Trichrome
CD44	GFAP	S-100	Von Kossa
CD45RO	Glut-1	SMA	Warthin-Starry
CD5	H. Pylori	Smoothelin	Wright-Giemsa
CD56	HHV8-LNA	Synaptophysin	Other: _____
CD68	HMB45	TTF-1	
CD7	HSV-1&2	T. Pallidum	
CD8	Kappa	Vimentin	Recut X _____
CD99	KI67		
CDX-2	Lambda		Re Embed _____ °

IF SPECIAL STAINS ARE REQUESTED, YOU MUST NOTIFY CLIENT OF CASE DELAYS

PANELS

GIST	CD34, CD117, SMA, S-100, DOG-1
MMR Protein (MSI)	MLH1, MSH2, MSH6, PMS2
Melanoma	Melan A, S-100, HMB45
Metastatic Carcinoma Colon	CDX-2, CK7, CK20
Neuroendocrine	Chromo, Syn, NSE, CD56

COMPLETED-TECH: INITIAL: _____ & DATE: ___ / ___ / _____
 PATHOLOGIST REVIEW: INITIAL: _____ & DATE: ___ / ___ / _____

PATHOLOGY SOLUTIONS USE ONLY

PULLED: _____ CUT: _____