

CPC Pathology Slide Preparation IHC/Special stain Request Form

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**Affix label here
(for CPC internal use)**

Outside # _____ Block# _____

Date of Request ____/____/____

CPC # _____ Block# _____

Ordering Physician: _____

Patient Information:

Patient Name _____ Date of birth _____ Gender _____

Date of Service _____ Biopsy Site _____ ICD 10 Code _____

Actin (SMA)	CD 79a	EMA	PAX 5	Acid Fast (AFB)
BAP 1	CD 99	ERG	PAX 8 (MRQ50)	Colloidal Iron
BCL 2	CD 117	Factor 8	PHH 3	Congo Red
BCL 6	CD 138	Factor 13a	PSA	Elastic Fiber
CAM 5.2	CD 163	GATA 3	PSAP	Fontana Masson
CD 3	CDX 2	GCDFP	PR (PGR636)	GMS
CD 4 (sp35)	CEA (poly)	Her 2 (EP3)	Rb	Giemsa
CD 5	ChromograninA	HHV 8	S100	Gram
CD 7	Pan-CK AE 1/3, 26	HMB 45	SMM	Iron (Perl's)
CD 8	CK 5/6	HSV 1	SOX 10	Mucicarmine
CD 10 (CALLA)	CK 7	HSV 2	SOX 11 (MRQ58)	PAS for Fungus
CD 15 (LeuM1)	CK 8/18	Inhibin, α	Spirochete	Trichrome
CD 20	CK 14	Ki-67	Synaptophysin	
CD 30	CK 17	Kappa	TCR BF1	
CD 31	CK 19	Lambda	TDAG 51	
CD 34	CK 20	Mart 1/Melan A	TTF 1 (8G7G3/1)	
CD 43	CK MA903(34 β E12)	MIT-F	Tryptase (Mast cell)	
CD 45RA (LCA)	Cyclin D1 (BCL-1)	P 16	Vimentin	
CD 45RO (UCHL1)	D2-40	P 40		
CD 56	Desmin	P 53		
CD 68	ER (SP1)	P 63		

Please circle any stains being ordered (do not use check marks or Xs) to ensure no tests are missed. SEND PARAFFIN BLOCK(S) ONLY.

FOR CPC QUALITY CONTROL BELOW THIS LINE

Special instruction: <input type="checkbox"/> ADD-ON	Tech: _____	IHC Stain QC: Acceptable Not Acceptable
	Date: _____	Pathologist _____