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STAIN / IHC REQUISITION

PATIENT INFORMATION

Last _____ First _____ M _____

SSN _____

Date of Birth _____ Sex (circle one) M _____ F _____

Address _____

City, State ZIP _____

Phone _____

Bill Insurance Please attach photocopy of patient's insurance card

Self pay

Client bill

PHYSICIAN INFORMATION

Procedure Date _____

Office site _____

Ordering physician _____

Accession # _____

Block # _____

Technical Only Full Interpretation

ICD-10 Code _____

Physician's Signature _____ (Required for Medicare/Medicaid)

CIRCLE R OR B TO REQUEST THE RED OR BROWN CHROMAGEN OF THE STAIN. ADDITIONAL STAINS CAN BE ADDED BY REQUEST, ALL REQUESTS MET

Levels / Deepers X _____ Recuts X _____

SPECIAL STAINS	
AFB	
ALCIAN BLUE 2.5	
COLLOIDAL IRON	
CONGO RED	
CRYSTAL VIOLET	
ELASTIC	
FITE (MODIFIED AFB)	
FONTANA MASSON	
FOUCHETS	
GIEMSA	
GMS	
GRAM	
IRON	
MUCICARMINE	
PAS-DIASTASE	
PAS-W/O DIASTASE	
PAS-F (GREEN COUNTERSTAIN)	
RETICULIN	
TRICHROME	
WARTHIN-STARRY	

Other: _____

IMMUNOHISTOCHEMISTRY			
AMYLOID PRECURSOR		D2-40 (PODOPLANIN)	
ANDROGEN RECEPTOR		EMA	
ADIPOPHILIN		ER	
BCL-2		FACTOR XIIIa	
BCL-6		GATA 3	
BerEp-4		GCDFP-15	
CALRETININ		H-CALDESMON	
CD1A		KI-67	
CD3		MSA	
CD4		MUC4	
CD5		MYELOPEROXIDASE	
CD7		P16	
CD8		P53	
CD10		P63	
CD15		P504S	
CD20		PSA	
CD21		PR	
CD23		SAT B2	
CD30		SMA	
CD31		SYNAPTOPHYSIN	
CD34		R/B S100	
CD43		TTF-1	
CD45		VIMENTIN	
CD56		MELANOMA MARKERS	
CD63		R B HMB45	
CD68		R B MELAN-A	
CD 117		R B SOX-10	
CD 138		R B TYROSINASE	
CD163			
CDX2			
CEA (MONOCLONAL)			
CHROMAGRANIN A			
CYCLIN-D1			
DESMIN			

DUAL STAINS	
	Melan A/KI-67
CYTOKERATINS	
	CK7
	CK20
	CK HMW (34BE12)
	CK 8/18
	CK 5/6
	PANKERATIN (AE1/AE3)
ISH	
	KAPPA
	LAMBDA
MSI Markers:	
	MLH-1
	MSH-2
	MSH-6
	PMS-2
ORGANISMS	
	CMV
	HSV 1
	HSV 2
	SPIROCHETE
	VARICELLA ZOSTER
	H. PYLORI