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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		

PHYSICIAN INFORMATION	Procedure Date	
	Office site	
	Ordering physician	
	Accession #	
	Block #	
	Technical Only <input type="checkbox"/>	Full Interpretation <input type="checkbox"/>

Bill Insurance
 Please attach photocopy of patient's insurance card

Self pay
 Client bill

ICD-10 Code _____

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

SPECIAL STAINS	
<input type="checkbox"/>	AFB
<input type="checkbox"/>	ALCIAN BLUE 2.5
<input type="checkbox"/>	ALIZARIN RED (CALCIUM)
<input type="checkbox"/>	COLLOIDAL IRON
<input type="checkbox"/>	CONGO RED
<input type="checkbox"/>	CRYSTAL VIOLET
<input type="checkbox"/>	ELASTIC
<input type="checkbox"/>	FITE (MODIFIED AFB)
<input type="checkbox"/>	FONTANA MASSON
<input type="checkbox"/>	FOUCHETS
<input type="checkbox"/>	GIEMSA
<input type="checkbox"/>	GMS
<input type="checkbox"/>	GRAM
<input type="checkbox"/>	IRON
<input type="checkbox"/>	MUCICARMINE
<input type="checkbox"/>	PAS
<input type="checkbox"/>	PAS-D
<input type="checkbox"/>	PAS-F (GREEN COUNTERSTAIN)
<input type="checkbox"/>	RETICULIN
<input type="checkbox"/>	TRICHROME
<input type="checkbox"/>	WARTHIN-STARRY

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**

Other: _____

IMMUNOHISTOCHEMISTRY				
<input type="checkbox"/>	AMYLOID P PROTEIN	<input type="checkbox"/>	CYCLIN D1	
<input type="checkbox"/>	ANDROGEN RECEPTOR	<input type="checkbox"/>	C-MYC	
<input type="checkbox"/>	ADIPOPHILIN	<input type="checkbox"/>	D2-40 (PODOPLANIN)	
<input type="checkbox"/>	BCL-2	<input type="checkbox"/>	DESMIN	
<input type="checkbox"/>	BCL-6	<input type="checkbox"/>	EGFR	
<input type="checkbox"/>	BerEp-4	<input type="checkbox"/>	EMA	
<input type="checkbox"/>	Beta-catenin	<input type="checkbox"/>	ER	
<input type="checkbox"/>	C4D	<input type="checkbox"/>	ERG	
<input type="checkbox"/>	CALDESMON	<input type="checkbox"/>	FACTOR XIIIa	
<input type="checkbox"/>	CALRETININ	<input type="checkbox"/>	FLI-1	
<input type="checkbox"/>	CD1A	<input type="checkbox"/>	GATA 3	
<input type="checkbox"/>	CD3	<input type="checkbox"/>	GCDFFP-15	
<input type="checkbox"/>	CD4	<input type="checkbox"/>	GFAP	
<input type="checkbox"/>	CD5	<input type="checkbox"/>	GLYCOPHORIN	
<input type="checkbox"/>	CD7	<input type="checkbox"/>	H-CALDESMON	
<input type="checkbox"/>	CD8	<input type="checkbox"/>	KI-67	
<input type="checkbox"/>	CD10	<input type="checkbox"/>	MAMMOGLOBIN	
<input type="checkbox"/>	CD15	<input type="checkbox"/>	MSA	
<input type="checkbox"/>	CD20	<input type="checkbox"/>	MUC4	
<input type="checkbox"/>	CD21	<input type="checkbox"/>	MUM1	
<input type="checkbox"/>	CD23	<input type="checkbox"/>	MYELOPEROXIDASE	
<input type="checkbox"/>	CD30	<input type="checkbox"/>	MYOGLOBIN	
<input type="checkbox"/>	CD31	<input type="checkbox"/>	NKX3.1	
<input type="checkbox"/>	CD34	<input type="checkbox"/>	P16	
<input type="checkbox"/>	CD43	<input type="checkbox"/>	P40	
<input type="checkbox"/>	CD45	<input type="checkbox"/>	P53	
<input type="checkbox"/>	CD56	<input type="checkbox"/>	P63	
<input type="checkbox"/>	CD57	<input type="checkbox"/>	P504S	
<input type="checkbox"/>	CD63	<input type="checkbox"/>	PAX8	
<input type="checkbox"/>	CD68	<input type="checkbox"/>	PHH3	
<input type="checkbox"/>	CD79a	<input type="checkbox"/>	PSA	
<input type="checkbox"/>	CD117	<input type="checkbox"/>	PR	
<input type="checkbox"/>	CD138	<input type="checkbox"/>	SAT B2	
<input type="checkbox"/>	CD163	<input type="checkbox"/>	SMOOTH MUSCLE ACTIN	
<input type="checkbox"/>	CDX2	<input type="checkbox"/>	SYNAPTOPHYSIN	
<input type="checkbox"/>	CEA (MONOCLONAL)	<input type="checkbox"/>	TTF-1	
<input type="checkbox"/>	CHROMAGRANIN A	<input type="checkbox"/>	UROPLAKIN	
<input type="checkbox"/>		<input type="checkbox"/>	VIMENTIN	
<input type="checkbox"/>		<input type="checkbox"/>	WT-1	
MELANOMA MARKERS				
<input type="checkbox"/>	R	<input type="checkbox"/>	B	HMB45
<input type="checkbox"/>	R	<input type="checkbox"/>	B	MELAN-A
<input type="checkbox"/>	R	<input type="checkbox"/>	B	S-100
<input type="checkbox"/>	R	<input type="checkbox"/>	B	SOX-10
<input type="checkbox"/>	R	<input type="checkbox"/>	B	TYROSINASE
DUAL STAINS				
<input type="checkbox"/>			Melan A/KI-67	
CYTOKERATINS				
<input type="checkbox"/>			CK 5/6	
<input type="checkbox"/>			CK7	
<input type="checkbox"/>			CK 8/18	
<input type="checkbox"/>			CK 19	
<input type="checkbox"/>			CK 20	
<input type="checkbox"/>			CK HMW (34BE12)	
<input type="checkbox"/>			PANKERATIN (AE1/AE3)	
ISH				
<input type="checkbox"/>			KAPPA	
<input type="checkbox"/>			LAMBDA	
MSI Markers:				
<input type="checkbox"/>			MLH-1	
<input type="checkbox"/>			MSH-2	
<input type="checkbox"/>			MSH-6	
<input type="checkbox"/>			PMS-2	
ORGANISMS				
<input type="checkbox"/>			ADENOVIRUS	
<input type="checkbox"/>			CMV	
<input type="checkbox"/>			HHV-8	
<input type="checkbox"/>			HSV 1	
<input type="checkbox"/>			HSV 2	
<input type="checkbox"/>			SPIROCHETE	
<input type="checkbox"/>			VARICELLA ZOSTER	
<input type="checkbox"/>			H. PYLORI	