

Patient Name _____
 DOB _____
 MRN _____
 Physician _____
 FIN _____

NOT A PERMANENT PART OF PATIENT'S MEDICAL RECORD. IF FOUND IN CHART, SHRED.

Date _____ Referring Hospital Lab or Physician _____

Pathologist name _____ Client accession number _____

1098 AP IHC STAIN CPT 88342

<p>BREAST</p> <input type="checkbox"/> E-cadherin <input type="checkbox"/> GCDFP - 15 <input type="checkbox"/> Mammaglobin <p>ENDOTHELIAL</p> <input type="checkbox"/> CD31 <input type="checkbox"/> CD34 <input type="checkbox"/> D2 40 (lymphatic) <p>EPITHELIAL</p> <input type="checkbox"/> B72.3 <input type="checkbox"/> BerEp4 <input type="checkbox"/> CA 125 <input type="checkbox"/> CA 19-9 <input type="checkbox"/> EMA <input type="checkbox"/> GATA3 <input type="checkbox"/> HMW Keratin (34βE12) <input type="checkbox"/> Keratin 19 <input type="checkbox"/> Keratin 20 <input type="checkbox"/> Keratin 5/6 <input type="checkbox"/> Keratin 7 <input type="checkbox"/> Keratin AE1/AE3 <input type="checkbox"/> Keratin CAM5.2 <input type="checkbox"/> MOC31 <input type="checkbox"/> Monoclonal CEA <input type="checkbox"/> MUC1 <input type="checkbox"/> MUC2 <input type="checkbox"/> MUC4 <input type="checkbox"/> Pancytokeratin <input type="checkbox"/> Polyclonal CEA <p>GASTROINTESTINAL</p> <input type="checkbox"/> CDX-2 <input type="checkbox"/> MSI Panel (PMS-2, MLH-1, MSH-2, MSH-6) <input type="checkbox"/> Villin <p>GENITOURINARY</p> <input type="checkbox"/> OCT 3/4 <input type="checkbox"/> PAP <input type="checkbox"/> PIN 4 cocktail (amacr/p63/HMWCK) <input type="checkbox"/> PSA <input type="checkbox"/> RCC <input type="checkbox"/> Uroplakin	<p>GERM CELL</p> <input type="checkbox"/> AFP <input type="checkbox"/> HCG <input type="checkbox"/> HPL <input type="checkbox"/> PLAP <p>HEMATOPOIETIC</p> <input type="checkbox"/> ALK-1 <input type="checkbox"/> BCL-1 <input type="checkbox"/> BCL-2 <input type="checkbox"/> BCL-6 <input type="checkbox"/> BOB-1 <input type="checkbox"/> CD1a <input type="checkbox"/> CD2 <input type="checkbox"/> CD3 <input type="checkbox"/> CD4 <input type="checkbox"/> CD5 <input type="checkbox"/> CD7 <input type="checkbox"/> CD8 <input type="checkbox"/> CD10 <input type="checkbox"/> CD15 (Leu M1) <input type="checkbox"/> CD20 <input type="checkbox"/> CD21 <input type="checkbox"/> CD23 <input type="checkbox"/> CD25 <input type="checkbox"/> CD30 (Ki-1) <input type="checkbox"/> CD33 <input type="checkbox"/> CD34 <input type="checkbox"/> CD43 <input type="checkbox"/> CD45 (LCA) <input type="checkbox"/> CD45ra (4KB5) <input type="checkbox"/> CD56 (NCAM) <input type="checkbox"/> CD57 (Leu 7) <input type="checkbox"/> CD61 <input type="checkbox"/> CD68 <input type="checkbox"/> CD79a <input type="checkbox"/> CD138 <input type="checkbox"/> Granzyme B <input type="checkbox"/> Lysozyme <input type="checkbox"/> MUM1 <input type="checkbox"/> MYC <input type="checkbox"/> Myeloperoxidase <input type="checkbox"/> PAX 5 <input type="checkbox"/> SOX-11 <input type="checkbox"/> Tdt <input type="checkbox"/> Tryptase	<p>INFECTIOUS AGENTS</p> <input type="checkbox"/> CMV <input type="checkbox"/> H. pylori <input type="checkbox"/> HBS Ag <input type="checkbox"/> HBC Ag <input type="checkbox"/> HSV <input type="checkbox"/> Parvovirus <input type="checkbox"/> Toxoplasma gondii <p>LIVER</p> <input type="checkbox"/> Glypican <input type="checkbox"/> HepPar 1 <p>MELANOMA</p> <input type="checkbox"/> HMB45 <input type="checkbox"/> Melan A <input type="checkbox"/> Melanoma cocktail <p>MESENCHYMAL</p> <input type="checkbox"/> h-Caldesmon <input type="checkbox"/> Calponin <input type="checkbox"/> CD99 (mic-2) <input type="checkbox"/> CD117 (c-1dt) <input type="checkbox"/> Collagen IV <input type="checkbox"/> Desmin <input type="checkbox"/> DOG1 <input type="checkbox"/> Factor XIIIa <input type="checkbox"/> MSA <input type="checkbox"/> Myogenin <input type="checkbox"/> SMA <input type="checkbox"/> Vimentin <p>MESOTHELIAL</p> <input type="checkbox"/> Calretinin <input type="checkbox"/> HBME-1 <input type="checkbox"/> Mesothelin <input type="checkbox"/> Thrombomodulin <input type="checkbox"/> WT-1 <p>NEURAL/BRAIN</p> <input type="checkbox"/> β-amyloid <input type="checkbox"/> GFAP <input type="checkbox"/> IDH1 <input type="checkbox"/> Neurofilament <input type="checkbox"/> NSE <input type="checkbox"/> S100 <input type="checkbox"/> Tau-2 <input type="checkbox"/> Ubiquitin	<p>NEUROENDOCRINE</p> <input type="checkbox"/> Chromogranin <input type="checkbox"/> Synaptophysin <p>PANCREAS</p> <input type="checkbox"/> Gastrin <input type="checkbox"/> Glucagon <input type="checkbox"/> Insulin <input type="checkbox"/> Somatostatin <p>PITUITARY</p> <input type="checkbox"/> ACTH <input type="checkbox"/> FSH <input type="checkbox"/> GH <input type="checkbox"/> LH <input type="checkbox"/> PRL <input type="checkbox"/> TSH <p>PULMONARY</p> <input type="checkbox"/> Napsin <input type="checkbox"/> P40 <input type="checkbox"/> TTF-1 <p>THYROID</p> <input type="checkbox"/> Calcitonin <input type="checkbox"/> Thyroglobulin <p>OTHER</p> <input type="checkbox"/> a-1 antichymotrypsin <input type="checkbox"/> a-1 antitrypsin <input type="checkbox"/> Arginase <input type="checkbox"/> β-catenin <input type="checkbox"/> Inhibin <input type="checkbox"/> p16ink <input type="checkbox"/> p53 <input type="checkbox"/> p57kip2 <input type="checkbox"/> p63 <input type="checkbox"/> PAX 8
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1099 QIHC STAIN CPT 88360	146 AP ISH STAIN CPT 88365	188 AP SPECIAL STAIN CPT 88312	188 AP SPECIAL STAIN CPT 88313
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<p>BREAST</p> <input type="checkbox"/> ER/PR* <input type="checkbox"/> Her-2/neu <p>OTHER</p> <input type="checkbox"/> Ki-67 <p>*Lab Staff: Order X 2</p>	<input type="checkbox"/> Kappa <input type="checkbox"/> Lambda <input type="checkbox"/> EBV	<input type="checkbox"/> Acid Fast Bacilli <input type="checkbox"/> Kinyoun <input type="checkbox"/> Fites <input type="checkbox"/> GMS <input type="checkbox"/> with fungus control <input type="checkbox"/> with pneumocystis control <input type="checkbox"/> Gram stain <input type="checkbox"/> PAS/Fungus <input type="checkbox"/> Steiner <input type="checkbox"/> with spirochete control <input type="checkbox"/> with legionella control	<input type="checkbox"/> Alcian Blue <input type="checkbox"/> Bielschowski <input type="checkbox"/> Congo Red <input type="checkbox"/> Copper <input type="checkbox"/> Crystal Violet <input type="checkbox"/> Diff-Quick <input type="checkbox"/> Elastic (VVG) <input type="checkbox"/> Giemsa <input type="checkbox"/> Hales Colloidal Iron <input type="checkbox"/> Iron <input type="checkbox"/> Luxol Fast Blue/PAS <input type="checkbox"/> Mucicarmine <input type="checkbox"/> Oil Red O <input type="checkbox"/> PAS/Hemotoxylin	<input type="checkbox"/> PAS with and without distase <input type="checkbox"/> Reticulin <input type="checkbox"/> Trichrome <input type="checkbox"/> Massons <input type="checkbox"/> Rapid
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TISSUE PREP

 Process, embed, cut and stain (H&E)
 Number of blocks _____
 (Billed by number of blocks)

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

FOR SPECTRUM HEALTH LABORATORY USE.

Result comment entered by _____ Date _____