



SPECIAL STUDIES REQUISITION

1. PATIENT INFORMATION

Last Name		First Name	
SSN	DOB	Sex	
Mailing Address		APT #	
City	State	Zip	
Phone	ID		

2. SPECIMEN INFORMATION

Collection Date	Case Number
Indicate Site and Specimen Type	
Complete for Breast Specimens	
Time of biopsy _____ am/pm	Time of placement in fixative _____ am/pm
Number of Block(s)	Number of Slide(s)

3. INSURANCE

PCNM Files ALL Insurances

- Medicare Medicaid Patient Other

Please attach current insurance card (front and back) or facesheet with additional insurance information.

4. TESTS

Immunohistochemistry

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Calretinin | <input type="checkbox"/> CK7 | <input type="checkbox"/> ER | <input type="checkbox"/> Smooth-Muscle Actin |
| <input type="checkbox"/> Chromogranin A | <input type="checkbox"/> CK20 | <input type="checkbox"/> Helicobacter pylori | <input type="checkbox"/> Synaptophysin |
| <input type="checkbox"/> CD3 | <input type="checkbox"/> CK-HMV (34Be12) | <input type="checkbox"/> HMB-45 (melanosome) | <input type="checkbox"/> TTF-1 |
| <input type="checkbox"/> CD10 | <input type="checkbox"/> Cytokeratin 5 | <input type="checkbox"/> Ki-67 | <input type="checkbox"/> Vimentin |
| <input type="checkbox"/> CD20 | <input type="checkbox"/> Cytokeratin AE1/AE3 (pankeratin) | <input type="checkbox"/> mCEA | |
| <input type="checkbox"/> CD15 | <input type="checkbox"/> Cytokeratin Cocktail
(4/5/6/8/10/13/18) | <input type="checkbox"/> Melan-A (MART-1) | |
| <input type="checkbox"/> CD30 | <input type="checkbox"/> Desmin | <input type="checkbox"/> Napsin A | |
| <input type="checkbox"/> CD34 | <input type="checkbox"/> e-Cadherin | <input type="checkbox"/> p16 | |
| <input type="checkbox"/> CD138 | <input type="checkbox"/> Ep-CAM (Ber-EP4) | <input type="checkbox"/> p63 | |
| <input type="checkbox"/> CD45 (LCA) | <input type="checkbox"/> Ep-CAM (Moc-31) | <input type="checkbox"/> PR | |
| <input type="checkbox"/> CDX2 | | <input type="checkbox"/> S-100 | |

In-Situ Hybridization

- Kappa/Lambda

Other Special Studies

- | | | |
|---|---|---|
| <input type="checkbox"/> AFB | <input type="checkbox"/> GMS | <input type="checkbox"/> PAS (for microorganisms) |
| <input type="checkbox"/> Alcian Blue | <input type="checkbox"/> Gram | <input type="checkbox"/> Reticulin |
| <input type="checkbox"/> Colloidal Iron | <input type="checkbox"/> Iron Stain | <input type="checkbox"/> Toluidine Blue |
| <input type="checkbox"/> Congo Red | <input type="checkbox"/> Jones | <input type="checkbox"/> Trichrome |
| <input type="checkbox"/> Elastin | <input type="checkbox"/> Mucicarmine | |
| <input type="checkbox"/> Giemsa | <input type="checkbox"/> PAS (for glycogen) | |

- Other Tests & Comments:

Authorized Signature

Date

PCNM USE ONLY

- Number of Paraffin Block(s)

Slides

- Stained Unstained H&E