

Histopathology Lab Phone 604-877-6000 # 672086 Fax 604-877-6038

# IMMUNOHISTOCHEMISTRY REQUISITION

**Fields must be completed LEGIBLY (Patient demographics must be filled in, if not addressographed).**

**Patient Name** (last, first) \_\_\_\_\_ **PHN** \_\_\_\_\_ Expiry (mm/yy) /

**Date of Birth** (d/m/y) \_\_\_\_\_ **Sex: M F** **BCCA Patient: Y N** **BCCA No.** \_\_\_\_\_

**Requesting Physician** \_\_\_\_\_ **MSC** \_\_\_\_\_

**Hospital/Site** \_\_\_\_\_

**Date Requested** (d/m/y) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Sample Site** \_\_\_\_\_

**Clinical Summary** \_\_\_\_\_

**Fixative**  Neutral Buffered Formalin  Other \_\_\_\_\_

**For Breast** Ischaemic time  < 1 hr  > 1 hr  Unknown

Fixation time  < 6 hrs  6 - 72 hrs  > 72 hrs

**Case/Block Number(s)** \_\_\_\_\_ **(IMPORTANT)**

**Notes** (including any billing info):

Antibody name	Clonality
<input type="checkbox"/> AFP	polyclonal
<input type="checkbox"/> ALK (p80)	5A4
<input type="checkbox"/> ALK 1	ALK 1
<input type="checkbox"/> Androgen receptor	SP107
<input type="checkbox"/> Annexin I	29/annexin I
<input type="checkbox"/> Arginase 1	EP261
<input type="checkbox"/> Bcl-2 (mouse)	124
<input type="checkbox"/> Bcl-2 (rabbit)	E17
<input type="checkbox"/> Bcl-6	PG-B6p
<input type="checkbox"/> Beta-Catenin	14
<input type="checkbox"/> CA IX	polyclonal
<input type="checkbox"/> Calcitonin	polyclonal
<input type="checkbox"/> Caldesmon	h-CD
<input type="checkbox"/> Calretinin	CAL6
<input type="checkbox"/> CD1a	010
<input type="checkbox"/> CD2	AB75
<input type="checkbox"/> CD3	Polyclonal
<input type="checkbox"/> CD4	SP35
<input type="checkbox"/> CD5	4C7
<input type="checkbox"/> CD7	CBC-37
<input type="checkbox"/> CD8	C8/144B

<input type="checkbox"/> CD10	56C6
<input type="checkbox"/> CD15	Carb-3
<input type="checkbox"/> CD20	L26
<input type="checkbox"/> CD21	IF8
<input type="checkbox"/> CD23	DAK-CD23
<input type="checkbox"/> CD25	4C9
<input type="checkbox"/> CD30	Ber-H2
<input type="checkbox"/> CD31	JC70A
<input type="checkbox"/> CD34	QBEnd-10
<input type="checkbox"/> CD43	DF-T1
<input type="checkbox"/> CD45	2B11 + PD7/26
<input type="checkbox"/> CD56	MRQ-42
<input type="checkbox"/> CD57	TB01
<input type="checkbox"/> CD68	KP1
<input type="checkbox"/> CD79	JCB117
<input type="checkbox"/> CD99	12E7
<input type="checkbox"/> CD117 (c-Kit)	YR145
<input type="checkbox"/> CD123	7G3
<input type="checkbox"/> CD138	MI15
<input type="checkbox"/> CD163	10D6
<input type="checkbox"/> CDX2	DAK-CDX2

<input type="checkbox"/> Chromogranin	LK2H10 + PHE5
<input type="checkbox"/> C-MYC	EP121
<input type="checkbox"/> CXCL13	53610
<input type="checkbox"/> Cyclin D1	EP12
<input type="checkbox"/> Cytokeratin Cocktail	DC10+AE1/AE3
<input type="checkbox"/> Cytokeratin CK5/6	D5/16 B4
<input type="checkbox"/> Cytokeratin CK7	OV-TL 12/30
<input type="checkbox"/> Cytokeratin CK14	LL002
<input type="checkbox"/> Cytokeratin CK18	DC10
<input type="checkbox"/> Cytokeratin CK20	Ks20-8
<input type="checkbox"/> DBB42	
<input type="checkbox"/> Desmin	DE-R-11
<input type="checkbox"/> DOG-1	SP31
<input type="checkbox"/> EBER-ISH	Probe Cocktail
<input type="checkbox"/> E-Cadherin	NCH-38
<input type="checkbox"/> EMA	E29
<input type="checkbox"/> Epithelial Antigen	Ber-EP4
<input type="checkbox"/> Epithelial Related Ag	MOC-31
<input type="checkbox"/> ER	EP1
<input type="checkbox"/> ERG	EP111

<input type="checkbox"/> Factor XIIIa	E980.1
<input type="checkbox"/> GATA3	L50-823
<input type="checkbox"/> GCDFP-15	23A3
<input type="checkbox"/> Glypican 3	GC33
<input type="checkbox"/> Granzyme B	GrB-7
<input type="checkbox"/> HCM	SMMS-1
<input type="checkbox"/> HCM/p63 Cocktail	SMMS-1+DAK-P63
<input type="checkbox"/> Hepatocyte	OCH1E5
<input type="checkbox"/> Her2	Polyclonal
<input type="checkbox"/> HHV8	13B10
<input type="checkbox"/> IgD	polyclonal
<input type="checkbox"/> IgG 4	MRQ-44
<input type="checkbox"/> Inhibin A	R1
<input type="checkbox"/> Kappa	polyclonal
<input type="checkbox"/> Ki-67	MIB-1
<input type="checkbox"/> Lambda	polyclonal
<input type="checkbox"/> Leukaemia Hairy Cell	DBA.44
<input type="checkbox"/> LMO2	1A9-1
<input type="checkbox"/> Lysozyme	polyclonal

<input type="checkbox"/> Mammaglobin	304-1A5
<input type="checkbox"/> MDM2	IF2
<input type="checkbox"/> Melan-A	A103
<input type="checkbox"/> Melanosome	HMB45
<input type="checkbox"/> MPO	polyclonal
<input type="checkbox"/> Mucin 4	8G7
<input type="checkbox"/> MUM1	MUM1p
<input type="checkbox"/> MyoD1	EP212
<input type="checkbox"/> Myogenin	F5D
<input type="checkbox"/> Napsin A	IP64
<input type="checkbox"/> NKX 3.1	polyclonal
<input type="checkbox"/> Oct 3/4	NINK
<input type="checkbox"/> p16	E6H4
<input type="checkbox"/> p40	BC28
<input type="checkbox"/> p53	DO-7
<input type="checkbox"/> p63	BC4A4
<input type="checkbox"/> PAX-5	DAK-PAX-5
<input type="checkbox"/> PAX-8	SP348
<input type="checkbox"/> PD-1	MRQ-22
<input type="checkbox"/> Perforin	5B10

<input type="checkbox"/> Podoplanin	D2-40
<input type="checkbox"/> PR	PgR 1294
<input type="checkbox"/> Prostate Cocktail	13H4+DAK-P63
<input type="checkbox"/> PSA	ER-PR8
<input type="checkbox"/> S100	polyclonal
<input type="checkbox"/> SMA	1A4
<input type="checkbox"/> SOX 10	BC34
<input type="checkbox"/> SOX 11	MRQ-58
<input type="checkbox"/> STAT6	YE361
<input type="checkbox"/> Synaptophysin	DAK-SYNAP
<input type="checkbox"/> TCL-1A	1-21
<input type="checkbox"/> TCR $\beta$ F1	8A3
<input type="checkbox"/> TdT	EP266
<input type="checkbox"/> Thyroglobulin	polyclonal
<input type="checkbox"/> TIA-1	2G9A10F5
<input type="checkbox"/> TLE1	IF5
<input type="checkbox"/> TTF-1	SPT24
<input type="checkbox"/> Vimentin	V9
<input type="checkbox"/> WT1	WT49

### Supplementary Order

Scroll ( )       2mm Core ( )       Unstained ( )       H&E ( )

#### Lab Use Only

# H&E's \_\_\_\_\_      # IHC \_\_\_\_\_      # Unstained \_\_\_\_\_      # Tissue Array \_\_\_\_\_  
 # Scroll \_\_\_\_\_      # 2mm Cores \_\_\_\_\_      # ISH \_\_\_\_\_

# INSTRUCTIONS FOR COMPLETING THIS IMMUNOHISTOCHEMISTRY REQUISITION

## **Note that no report is issued by BCCA for anything ordered with this requisition**

- Complete all patient demographics clearly, including the block number(s).
  - Ensure that the Physician information is correct.
  - Indicate which fixative was used to preserve the specimen.
  - If the sample type is a Breast, check the appropriate boxes.
  - Check all the required antibodies.
  - In the “supplementary” area, indicate how many of each type are required, if any.
  - Send the completed requisition with the appropriate block(s) to the Histopathology laboratory.
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- Preferred slides for IHC:-
    - Dako Flex
    - Other charged slides (Apex Superior, Superfrost “PLUS”) will be accepted with the caveat that staining performance will not be guaranteed.
    - Note that slides that are older than 6 months from date of manufacture have been shown to diminish or lose their charge. This results in false negative staining
    - Sections that have been stored on slides for a prolonged time also tend to give false negative staining.
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- Please note that this requisition will be updated regularly as new antibodies are added or removed from the repertoire.
- Please do not use old versions of this requisition; it will updated about every 3-6 months.

**Make sure that you print both pages 1 and 2**