

Histopathology lab phone 604-877-6000 # 672086 fax 604-877-6038

IMMUNOHISTOCHEMISTRY REQUISITION

Fields must be completed LEGIBLY (patient demographics may be addressographed instead).

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	AR441
<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	LN22
<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	SP65
<input type="checkbox"/> CD1a	010
<input type="checkbox"/> CD2	AB75
<input type="checkbox"/> CD3	2GV6
<input type="checkbox"/> CD4	SP35
<input type="checkbox"/> CD5	4C7
<input type="checkbox"/> CD7	CD7-LP15
<input type="checkbox"/> CD8	C8/144B

<input type="checkbox"/> CD10	56C6
<input type="checkbox"/> CD15	MMA
<input type="checkbox"/> CD20	L26
<input type="checkbox"/> CD21	2G9
<input type="checkbox"/> CD23	1B12
<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	NK-1
<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	B-A38
<input type="checkbox"/> CD163	10D6
<input type="checkbox"/> CDX2	DAK-CDX2

<input type="checkbox"/> Chromogranin	LK2H10 + PHE5
<input type="checkbox"/> C-MYC	Y69
<input type="checkbox"/> CXCL13	53610
<input type="checkbox"/> Cyclin D1	SP4-R
<input type="checkbox"/> Cytokeratin	CAM5.2
<input type="checkbox"/> Cytokeratin Cocktail	MNF116+DC10 +AE1/AE3+CA M5.2
<input type="checkbox"/> Cytokeratin, HMW	34βE12
<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 CK19	RCK108
<input type="checkbox"/> Cytokeratin CK20	SP33
<input type="checkbox"/> DBB42	
<input type="checkbox"/> Desmin	D33
<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	SP1
<input type="checkbox"/> ERG	EP111
<input type="checkbox"/> Factor XIII A	E980.1
<input type="checkbox"/> FOXP1	JC12
<input type="checkbox"/> GATA3	L50-823
<input type="checkbox"/> GCDFP-15	23A3
<input type="checkbox"/> GCET1	RAM341
<input type="checkbox"/> Glypican 3	GC33
<input type="checkbox"/> Granzyme B	GrB-7
<input type="checkbox"/> HCG	polyclonal
<input type="checkbox"/> HCM	SMMS-1
<input type="checkbox"/> HCM/p63 Cocktail	SMMS-1+BC4A4
<input type="checkbox"/> Hepatocyte	OCH1E5
<input type="checkbox"/> Her2	4B5
<input type="checkbox"/> HHV8	13B10
<input type="checkbox"/> HPL	polyclonal
<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"/> MUC 1	Ma695
<input type="checkbox"/> MUC 2	Ccp58
<input type="checkbox"/> MUC 5AC	CLH2
<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"/> Neurofilament	2F11
<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"/> p57	Kp10
<input type="checkbox"/> p63	BC4A4
<input type="checkbox"/> PAX-5	SP34
<input type="checkbox"/> PAX-8	polyclonal
<input type="checkbox"/> PD-1	MRQ-22

<input type="checkbox"/> Perforin	5B10
<input type="checkbox"/> PLAP	8A9
<input type="checkbox"/> Podoplanin	D2-40
<input type="checkbox"/> PR	PgR 1294
<input type="checkbox"/> Prostate Cocktail	13H4+BC4A4
<input type="checkbox"/> PSA	ER-PR8
<input type="checkbox"/> PSAP	PASE/4LJ
<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	27G12
<input type="checkbox"/> TCL-1A	1-21
<input type="checkbox"/> TCR β F1	8A3
<input type="checkbox"/> TdT	SEN28
<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"/> Von Willebrand Factor (Factor VIII)	Polyclonal
<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.
-

- 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.
-

- 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