BC CANCER
Provincial Health Services Authority

Provincial Health Services Authority
Province-wide solutions. Better health.

PATIENT LABEL ONLY

Anatomic Pathology Lab Fax: 604-707-5924

IMMUNOHISTOCHEMISTRY REQUISITION

Fields must be completed legibly (*Patient demographics must be filled in, if no patient label applied above*)

Patient Name (Last, First):

PHN: **Date of Birth (dd-mmm-yyyy):** **Sex: M❑ F❑ U❑ X❑**

Requesting Pathologist (Last, First): **MSP:**

Hospital/Site:

Date Requested (dd-mmm-yyyy): **Specimen Type/Site:**

Case & Block Number(s) (*REQUIRED*):

Duplicate this information on pg. 2 if not printing double-sided

Clinical History:

Notes or special requests (*including any billing info*)**:**

Pathologist Signature:

Date Signed (dd-mmm-yyyy):

Antibody name	Clonality
☐ ALK 1	ALK 1
☐ Androgen receptor	SP107
☐ Annexin I	29/Annexin I
☐ Arginase 1	EP261
☐ Bcl-2 (mouse)	124
☐ Bcl-2 (rabbit)	E17
☐ Bcl-6	PG-B6p
☐ Beta-Catenin	14
☐ BRAF V600E	VE1
☐ CA IX	polyclonal
☐ Calcitonin	polyclonal
☐ Caldesmon	h-CD
☐ Calretinin	CAL6
☐ CD1a	010
☐ CD2	AB75
☐ CD3	Polyclonal

☐ CD4	SP35
☐ CD5	4C7
☐ CD7	CBC-37
☐ CD8	C8/144B
☐ CD10	DAK-CD10
☐ CD15	Carb-3
☐ CD19	LE-CD19
☐ CD20	L26
☐ CD21	IF8
☐ CD22	FPC1
☐ CD23	DAK-CD23
☐ CD25	4C9
☐ CD30	Ber-H2
☐ CD31	JC70A
☐ CD34	QBEnd-10
☐ CD43	DF-T1

☐ CD45	2B11 + PD7/26
☐ CD56	123C3
☐ CD57	TB01
☐ CD68	KP1
☐ CD79	JCB117
☐ CD99	12E7
☐ CD117 (c-Kit)	YR145
☐ CD123	7G3
☐ CD138	MI15
☐ CD163	10D6
☐ CD278	SP98
☐ CDX2	DAK-CDX2
☐ Chromogranin	LK2H10 + PHE5
☐ CK19	RCK108
☐ CK cocktail / Ki67	AE1/AE3 + DC10 / MIB1

☐ Claudin-4	3E2C1
☐ C-MYC	EP121
☐ CXCL13	53610
☐ Cyclin D1	EP12
☐ Cytokeratin Cocktail	DC10+AE1/AE3
☐ Cytokeratin CK5/6	D5/16 B4
☐ Cytokeratin CK7	OV-TL 12/30
☐ Cytokeratin CK14	LL002
☐ Cytokeratin CK18	DC10
☐ Cytokeratin CK20	Ks20-8
☐ DBB42	
☐ Desmin	DE-R-11
☐ DOG-1	SP31
☐ EBER-ISH	Probe Cocktail
☐ E-Cadherin	NCH-38
☐ EMA	E29
☐ Epithelial Antigen	Ber-EP4
☐ Epithelial Related Antigen	MOC-31
☐ ERG	EP111
☐ Factor XIIIA	E980.1
☐ FH	J-13
☐ GATA3	L50-823
☐ GCDFP-15	23A3
☐ Glypican 3	1G12
☐ Granzyme B	GrB-7
☐ HCM	SMMS-1

☐ HCM/p63 Cocktail	SMMS-1+DAK-P63
☐ Hepatocyte	OCH1E5
☐ HHV8	13B10
☐ IgD	polyclonal
☐ IgG	polyclonal
☐ IgG4	MRQ-44
☐ Inhibin A	R1
☐ INSM-1	A8
☐ Kappa	polyclonal
☐ Ki-67	MIB-1
☐ Lambda	polyclonal
☐ Leukaemia Hairy Cell	DBA.44
☐ LMO2	1A9-1
☐ Lysozyme	polyclonal
☐ Mammaglobin	304-1A5
☐ MDM2	IF2
☐ Melan-A	A103
☐ Melanosome	HMB45
☐ MPO	polyclonal
☐ Mucin 4	8G7
☐ MUM1	MUM1p
☐ MyoD1	EP212
☐ Myogenin	F5D
☐ Napsin A	IP64
☐ NKX 3.1	polyclonal
☐ NUT	C52B1
☐ Oct 3/4	NINK

☐ p16	JC2
☐ p40	BC28
☐ p53	DO-7
☐ p63	DAK-p63
☐ PAX-5	DAK-PAX-5
☐ PAX-8	SP348
☐ PD-1	NAT105
☐ Perforin	5B10
☐ Podoplanin	D2-40
☐ Prostate Cocktail	13H4+DAK-P63
☐ S100	polyclonal
☐ SATB2	EP281
☐ SMA	1A4
☐ SOX 10	BC34
☐ SOX 11	MRQ-58
☐ Spirochete	polyclonal
☐ STAT6	YE361
☐ Synaptophysin	DAK-SYNAP
☐ TCL-1A	1-21
☐ TCR β F1	8A3
☐ TdT	EP266
☐ Thyroglobulin	polyclonal
☐ TIA-1	2G9A10F5
☐ TLE1	IF5
☐ TTF-1	SPT24
☐ Uroplakin II	BC21
☐ Vimentin	V9
☐ WT1	6F-H2

Case & Block Number(s) (REQUIRED):

Duplicate this information on pg. 2 if not printing double-sided

Supplemental Orders

❑ H&E x ____ ❑ Unstained slide x ____ ❑ Scroll x ____ ❑ 2mm Core x ____

Lab Use Only

# of H&E _____ # of IHC _____ # of ISH _____ **PRINT FORM** **RESET FORM**

# of Unstained _____ # of Scrolls _____ # of 2mm Cores _____

The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts.

INSTRUCTIONS FOR USE

- Print all patient demographics clearly, including the case and block number(s)
- Ensure that the pathologist and originating hospital information is correct
- Indicate which fixative was used to preserve the specimen
- If the specimen type is breast, check off the appropriate boxes
- Check off the required antibody stains
- For supplementary orders, indicate how many of each type are required, if any
- Package the completed requisition with the chosen blocks and send to the address below
- **For Biomarkers, do not use this form**.
    - Requests for Biomarker interpretations must be submitted through the Biomarker Request Form (under the Pathology Office section on the BC Cancer Laboratory Services homepage)

Note: No report is issued by BC Cancer for tests ordered with this requisition

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- **Blocks are preferred** over unstained slides
- If you choose to send unstained slides, please read and acknowledge the following:
    - **Dako Flex** are the preferred charged slides
    - Mount the patient tissue section at the **bottom of the slide**, furthest away from the frosted area, while leaving a **minimum of 2mm of space from the edges**
    - Other charged slides (Apex Superior, Superfrost Plus) will be accepted but staining performance cannot be guaranteed
    - False negative staining can occur with charged slides that are 6 months and older from date of manufacture
    - False negative staining can also occur on slides for a prolonged time also tend to give false negative staining

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Submit pages 1 and 2 along with block(s)/slide(s)

Double-sided printing is preferred

Address for mailing: **Anatomical Pathology Lab**
BC Cancer Vancouver Care Centre
600 West 10th Avenue,
Vancouver, BC V5Z 4E6

Please note that this requisition will be updated regularly as new antibodies are added or removed from the menu