BC CANCER Provincial Health Services Authority

Provincial Health Services Authority
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Anatomic Pathology Phone 604-877-6000 # 672086 Fax 604-877-6038

IMMUNOHISTOCHEMISTRY REQUISITION

Patient Label Only

Fields Must Be Completed LEGIBLY (Patient demographics must be filled in, if no patient label applied above)

Patient Name (last, first) _____ _____ **PHN** _____ Expiry (mm/yy) __/__

Date of Birth (d/m/y) _____ **Sex:** ❑M ❑F ❑X ❑U **BCCA Patient:** ❑Y ❑N **MRN:** _____

Requesting Physician _____ **MSP:** _____

Hospital/Site _____

Date Requested (d/m/y) ____/____/____ **Specimen type/site:** _____

Clinical Summary: _____

_____

Fixative ❑ Neutral Buffered Formalin ❑ Other _____

For Breast Ischemic time ❑ < 1 hr ❑ > 1 hr ❑ Unknown

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

Case/Block Number(s) _____ **(REQUIRED)**

Duplicate this information in the designated space on pg. 2 if not printing double-sided

Notes (including any billing info):

Antibody name	Clonality
☐ AFP	polyclonal
☐ 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
☐ 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
☐ CDX2	DAK-CDX2
☐ Chromogranin	LK2H10 + PHE5
☐ CK19	RCK108
☐ 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 Ag	MOC-31
☐ ERG	EP111
☐ Factor XIIIA	E980.1
☐ 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	MRQ-22
☐ Perforin	5B10
☐ Podoplanin	D2-40
☐ Prostate Cocktail	13H4+DAK-P63
☐ PSA	ER-PR8
☐ S100	polyclonal
☐ SATB2	EP281
☐ SMA	1A4
☐ SOX 10	BC34
☐ SOX 11	MRQ-58
☐ 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)

Not required if printing form double-sided

Supplementary Order

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

Lab Use Only

H&E's _____ # IHC _____ # Unstained ____

Scroll _____ # 2mm Cores _____ # ISH _____

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 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.
- For all Biomarkers, please submit BIOMARKER REQUEST FORM

- 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.

Submit pages 1 and 2 along with block(s)/slide(s)
Double-sided printing is preferred.