

IMMUNOHISTOCHEMISTRY REQUISITION

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 _____ **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 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	123C3
<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"/> ERG	EP111
<input type="checkbox"/> Factor XIII A	E980.1
<input type="checkbox"/> GATA3	L50-823
<input type="checkbox"/> GCDFP-15	23A3

<input type="checkbox"/> Glypican 3	1G12
<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"/> HHV8	13B10
<input type="checkbox"/> IgD	polyclonal
<input type="checkbox"/> IgG	polyclonal
<input type="checkbox"/> IgG4	MRQ-44
<input type="checkbox"/> Inhibin A	R1
<input type="checkbox"/> INSM-1	A8
<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"/> NUT	C52B1
<input type="checkbox"/> Oct 3/4	NINK
<input type="checkbox"/> p16	JC2
<input type="checkbox"/> p40	BC28
<input type="checkbox"/> p53	DO-7
<input type="checkbox"/> p63	DAK-p63
<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"/> Prostate Cocktail	13H4+DAK-P63
<input type="checkbox"/> PSA	ER-PR8
<input type="checkbox"/> S100	polyclonal
<input type="checkbox"/> SATB2	EP281
<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 β 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"/> Uroplakin II	BC21
<input type="checkbox"/> Vimentin	V9
<input type="checkbox"/> WT1	6F-H2

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.
- For all Biomarkers, please submit BIOMARKER REQUEST FORM

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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.

Make sure that you print both pages 1 and 2