

Tucson Pathology Associates



A Division of Pathology Specialists of Arizona, LLC

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Special Stains-Immunostains-Flow Cytometry | Requisition Form

Ordering Physician: * _____

Date Requested: * _____

Patient's Name: * _____

DOB * _____ Gender *

Accession#: * _____

Block#: * _____

Tissue Sources: _____

For TPA
use only

FLOW CYTOMETRY:

- Flow Cytometry PNH Flow Cytometry

SPECIAL STAINS:

Block#	Block#	Block#	Block#
<input type="checkbox"/> AFB _____	<input type="checkbox"/> CONGO RED (AMYLOID) _____	<input type="checkbox"/> IRON _____	<input type="checkbox"/> PAS W/WO DIASTASE _____
<input type="checkbox"/> ALCIAN BLUE PAS _____	<input type="checkbox"/> GMS _____	<input type="checkbox"/> MUCIN _____	<input type="checkbox"/> RETIC _____
<input type="checkbox"/> COLLOIDAL IRON _____	<input type="checkbox"/> GRAM _____	<input type="checkbox"/> PAS _____	<input type="checkbox"/> TRICHROME _____

IHC:

Block#	Block#	Block#	Block#
<input type="checkbox"/> ACTIN (MSA) _____	<input type="checkbox"/> CD61 _____	<input type="checkbox"/> GATA3 _____	<input type="checkbox"/> P40 _____
<input type="checkbox"/> ADIPOPHILAN _____	<input type="checkbox"/> CD68 _____	<input type="checkbox"/> GCDFP15 _____	<input type="checkbox"/> P53 _____
<input type="checkbox"/> BCL-2 _____	<input type="checkbox"/> CD7 _____	<input type="checkbox"/> HEP-PAR(HSA) _____	<input type="checkbox"/> P63 _____
<input type="checkbox"/> BCL-6 _____	<input type="checkbox"/> CD71 _____	<input type="checkbox"/> HER-2 _____	<input type="checkbox"/> PAN-CK _____
<input type="checkbox"/> BER-EP4 _____	<input type="checkbox"/> CD79a _____	<input type="checkbox"/> HER-2 DUAL ISH TC _____	<input type="checkbox"/> PAX5 _____
<input type="checkbox"/> BETA-CATENIN _____	<input type="checkbox"/> CD8 _____	<input type="checkbox"/> HER-2 DUAL ISH G _____	<input type="checkbox"/> PAX8 _____
<input type="checkbox"/> CA19-9 _____	<input type="checkbox"/> CDX-2 _____	<input type="checkbox"/> HMB45 _____	<input type="checkbox"/> PD-1 _____
<input type="checkbox"/> CAM5.2 _____	<input type="checkbox"/> CEA-M _____	<input type="checkbox"/> H-PYLORI _____	<input type="checkbox"/> PHH3 (POLY) _____
<input type="checkbox"/> CD10 _____	<input type="checkbox"/> CHROMO _____	<input type="checkbox"/> KAPPA (ISH) _____	<input type="checkbox"/> PHH3 (RED) _____
<input type="checkbox"/> CD138 _____	<input type="checkbox"/> CK19 _____	<input type="checkbox"/> KI67 _____	<input type="checkbox"/> PIN 4 _____
<input type="checkbox"/> CD15 _____	<input type="checkbox"/> CK20 _____	<input type="checkbox"/> KI67 (RED) _____	<input type="checkbox"/> PR _____
<input type="checkbox"/> CD20 _____	<input type="checkbox"/> CK5/6 _____	<input type="checkbox"/> LAMBDA (ISH) _____	<input type="checkbox"/> Prame _____
<input type="checkbox"/> CD21 _____	<input type="checkbox"/> CK7 _____	<input type="checkbox"/> LCA (CD45) _____	<input type="checkbox"/> PSA _____
<input type="checkbox"/> CD23 _____	<input type="checkbox"/> C-KIT (CD117) _____	<input type="checkbox"/> LEF-1 _____	<input type="checkbox"/> PSAP _____
<input type="checkbox"/> CD3 _____	<input type="checkbox"/> C-MYC _____	<input type="checkbox"/> MART-1 (MELAN-A) _____	<input type="checkbox"/> PTEN-10 _____
<input type="checkbox"/> CD30 _____	<input type="checkbox"/> CYCLIN D1 _____	<input type="checkbox"/> MMR TC _____	<input type="checkbox"/> S100 _____
<input type="checkbox"/> CD31 _____	<input type="checkbox"/> DESMIN _____	<input type="checkbox"/> MMR G _____	<input type="checkbox"/> S100 (RED) _____
<input type="checkbox"/> CD34 _____	<input type="checkbox"/> EBER (ISH) _____	<input type="checkbox"/> MPO _____	<input type="checkbox"/> SMMS _____
<input type="checkbox"/> CD4 _____	<input type="checkbox"/> E-CADHERIN _____	<input type="checkbox"/> MUM1 _____	<input type="checkbox"/> SMOOTH ACTIN (SMA) _____
<input type="checkbox"/> CD43 _____	<input type="checkbox"/> EMA _____	<input type="checkbox"/> NAPSIN A _____	<input type="checkbox"/> SOX-10 _____
<input type="checkbox"/> CD45 (LCA) _____	<input type="checkbox"/> ER _____	<input type="checkbox"/> NXK 3.1 _____	<input type="checkbox"/> SOX-10 (RED) _____
<input type="checkbox"/> CD5 _____	<input type="checkbox"/> ERG _____	<input type="checkbox"/> P16 _____	<input type="checkbox"/> SOX-11 _____
<input type="checkbox"/> CD56 _____	<input type="checkbox"/> FACTOR 13A _____	<input type="checkbox"/> P16 (RED) _____	<input type="checkbox"/> SYNAPTOPHYSIN _____
			<input type="checkbox"/> TdT _____
			<input type="checkbox"/> TTF-1 _____
			<input type="checkbox"/> VIMENTIN _____

Comment:

For TPA use only

Specimen Receiver _____ Accessioner _____ Date and Time Received _____