



The Children's Hospital of Philadelphia

Department of Pathology and Laboratory Medicine
Division of Anatomic Pathology

Immunohistochemistry Requisition

Patient Information (Required)		Provider Information (Required)	
Patient Name:		Referring Institution:	
Address:		Address:	
Address:		Address:	
City:	State:	Zip:	
City:	State:	Zip:	
Phone:		Phone:	Fax:
DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Referring Physician	
		Phone:	E-Mail:
Specimen Information (Required)			
Specimen ID#: _____		Send All Specimens To: Division of Anatomic Pathology Department of Pathology and Laboratory Medicine Children's Hospital of Philadelphia Main building, 5 th floor 5NW-26 3401 Civic Center Blvd. Philadelphia PA 19104-4318 215-590-1728 Please fill in both forms and send with the slides.	
Date of collection: _____			
Time of collection: _____			
Tissue(s): <input type="checkbox"/> Unstained slides for IHC, stain and interpret Stain/s requested _____			
<input type="checkbox"/> Unstained slides for IHC, technical staining only Stain/s requested _____			
See IHC test menu below			
Information Relevant To Current Problem (Required)			
<i>Please include complete copy of the patient's pathology report, as well as report or copies of relevant imaging studies.</i>			
Pre-operative diagnosis and differential:			
Post-Operative Diagnosis			
Clinical History/Family History:			
Billing Information (Required)			
Please note at this time we are not able to bill the patient's insurance directly for any services we provide			
Referring Institution Billing Contact Person:			
Billing Address:			
City, State, Zip:			
Phone:	Fax:	E-Mail:	
CHOP Internal Use Only			
Date Received:	Received By:	CHOP ID:	
Assigned Pathologist:			
Comments:			

THE CHILDREN'S HOSPITAL OF PHILADELPHIA

IHC & ISH REQUEST SLIP

CHARGE: DIAGNOSTIC- INTEREST- RESEARCH	DATE:
CASE:	PATHOLOGIST:
BLOCK#:	TISSUE:

ANTIBODY	ANTIBODY	ANTIBODY	ANTIBODY
ADN-PAN	CD117	INHIBIN	SALL4
AFP	CD123	INI-1	SATB2
ALK D5F3	CD138	Ki67	S100
ALK HEME	CD163	LEF1	SMACT
ATRX	CHROMO	LANGERIN	SOX10
BCL-2	CK19	LMWK	SV40
BCL-6	CK20	LYSOZYME	SYNAP
Beta-Catenin	CK7	MDR3	TALL
BOB-1	CK8	MEL A	TDT
BOMBESIN	CLAUDIN 1	MHC-F	TFE3
BSEP	CMOAT	MHC-N	TJP2
BRG1	CMV	MHC-S	TLE1
C4D	CMYC	MITF	TOXO
CALCITONIN	D2-40	MPO	TRMETHYLH3
CALDESMON	DCDC2	MSACT	Tryptase
CALRETININ	DESMIN	MUC4	TTF-1
CHT	DOG1	MUM1	TTR
CD1A	EMA	MYO5B	VIM
CD2	EpCAM	MYO D1	VZV
CD3	ERG	MYOGENIN	WT-1
CD4	EZHIP	NEUN	WT-C
CD5	F13	NF (2F11)	YAP
CD7	FILAMIN	NFP	DOUBLE STAINS
CD8	GAB-1	NKX2.2	CD68/CD31
CD10	GATA 1	NTRK	PHH3/MELA
CD15	GFAP	O13	ISH STAINS
CD19	GGT1	OCT2	EBER
CD20	GLUT-1	OCT4	KAPPA
CD21	GLUTAMINE SYNTHETASE	OLIG-2	LAMBDA
CD22	GLYC C	P16	
CD23	GLYPICAN 3	P53	
CD30	GRANZYME B	P57	
CD31	HHV8	P63	
CD33	HEPPAR1	PAN-CK	
CD34	HISTONE 3	PARVO	
CD42B	HMB45	PAX 5	
CD45	HPV	PD-1	
CD56	H Pylori	PERFORIN	
CD57	HSV1	PHH-3	
CD68	HSV2	PHOX2B	
CD79A	IDH1	PLAP	
CD103	IgG	PROX1	

CONTROLS ARE ADEQUATE:

CONTROLS INADEQUATE :(SPECIFY REASON)

REPEAT STAIN: (SPECIFY REASON)

THIS WOULD MAKE A GOOD FUTURE CONTROL: