

Assession Number: _____		Site: _____	Physician: _____
STAT <input type="checkbox"/> Recieved By: _____		Date Requested: _____	
Routine <input type="checkbox"/> Completed By: _____		Date Completed: _____	

  

<p><b>HISTOLOGY</b>      Qty</p> <p><input type="checkbox"/> Recuts      _____</p> <p><input type="checkbox"/> Deepers      _____</p> <p><input type="checkbox"/> Reorient      _____</p> <p><input type="checkbox"/> Exhaust Block      _____</p> <p><input type="checkbox"/> Other      _____</p> <p>Comments: _____</p>	<p style="text-align: center;"><b>ENZYME IMMUNOHISTOCHEMISTRY</b></p> <table style="width:100%;"> <tr> <td style="width: 50%; padding: 5px;"> <p><b>MesenChymal Antibodies</b></p> <p><input type="checkbox"/> MSA (HHF35)</p> <p><input type="checkbox"/> Smooth Muscle-Actin</p> <p><input type="checkbox"/> Desmin</p> <p><input type="checkbox"/> Factor VIII</p> <p><input type="checkbox"/> Vementin</p> </td> <td style="width: 50%; padding: 5px;"> <p><b>Microbial Antibodies</b></p> <p><input type="checkbox"/> H.Pylori</p> </td> </tr> <tr> <td style="padding: 5px;"> <p><b>Lymphoid Antibodies</b></p> <p><input type="checkbox"/> Kappa</p> <p><input type="checkbox"/> Lamda</p> <p><input type="checkbox"/> CO3</p> <p><input type="checkbox"/> CO5</p> <p><input type="checkbox"/> CO10</p> <p><input type="checkbox"/> CO15</p> <p><input type="checkbox"/> CO15 (LeuM1)</p> <p><input type="checkbox"/> CO20 (B-Cell)</p> <p><input type="checkbox"/> CO30 (K-1)</p> <p><input type="checkbox"/> CO34</p> <p><input type="checkbox"/> CO43 (T-Cell)</p> <p><input type="checkbox"/> CO45RB (LCA)</p> <p><input type="checkbox"/> CO57 (Leu7)</p> <p><input type="checkbox"/> CO68 (KP1)</p> <p><input type="checkbox"/> CO79</p> <p><input type="checkbox"/> CO79a</p> <p><input type="checkbox"/> BLA.36 (B-Cell)</p> </td> <td style="padding: 5px;"> <p><b>Hormone Antibodies</b></p> <p><input type="checkbox"/> Thyroglobulin</p> </td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <p><b>Epithelial Antibodies</b></p> <p><input type="checkbox"/> Carcinoembryonic Antigen</p> <p><input type="checkbox"/> Epithelial Membrane</p> <p><input type="checkbox"/> Keratins (Low MW)</p> <p><input 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LD-67</p> <p><input type="checkbox"/> MART 1</p> <p><input type="checkbox"/> Eytokeratin</p> </td> </tr> </table> <p><b>Other:</b> _____</p>	<p><b>MesenChymal Antibodies</b></p> <p><input type="checkbox"/> MSA (HHF35)</p> <p><input type="checkbox"/> Smooth Muscle-Actin</p> <p><input type="checkbox"/> Desmin</p> <p><input type="checkbox"/> Factor VIII</p> <p><input type="checkbox"/> Vementin</p>	<p><b>Microbial Antibodies</b></p> <p><input type="checkbox"/> H.Pylori</p>	<p><b>Lymphoid Antibodies</b></p> <p><input type="checkbox"/> Kappa</p> <p><input type="checkbox"/> Lamda</p> <p><input type="checkbox"/> CO3</p> <p><input type="checkbox"/> CO5</p> <p><input type="checkbox"/> CO10</p> <p><input type="checkbox"/> CO15</p> <p><input type="checkbox"/> CO15 (LeuM1)</p> <p><input type="checkbox"/> CO20 (B-Cell)</p> <p><input type="checkbox"/> CO30 (K-1)</p> <p><input type="checkbox"/> CO34</p> <p><input type="checkbox"/> CO43 (T-Cell)</p> <p><input type="checkbox"/> CO45RB (LCA)</p> 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<p style="text-align: center;"><b>HISTOCHEMISTRY</b></p> <p><input type="checkbox"/> Alzheimer</p> <p><input checked="" type="checkbox"/> AFB</p> <p><input type="checkbox"/> Colloidal Iron</p> <p><input type="checkbox"/> Congo Red (Amyloid)</p> <p><input type="checkbox"/> Elastic</p> <p><input type="checkbox"/> Fite's AFB</p> <p><input type="checkbox"/> Fontana-Masson</p> <p><input checked="" type="checkbox"/> Giemsa</p> <p><input type="checkbox"/> GMS</p> <p><input checked="" type="checkbox"/> Gram</p> <p><input checked="" type="checkbox"/> Iron</p> <p><input type="checkbox"/> Leder</p> <p><input type="checkbox"/> Melanin Bleach</p> <p><input type="checkbox"/> Mucicamin</p> <p><input checked="" type="checkbox"/> PAS</p> <p><input type="checkbox"/> PAS/Diastase</p> <p><input type="checkbox"/> Reticulum</p> <p><input checked="" type="checkbox"/> Trichrome</p> <p><input type="checkbox"/> Warthin-Starry</p> <p><input checked="" type="checkbox"/> AB/PAS</p>									