ACUPATH LABORATORIES, INC
WWW.ACUPATH.COM
"FOR THE ABSOLUTE HIGHEST STANDARD" © 2025

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IHC STAIN & SCAN REQUEST FORM

IHCv8 | 052026

ANY OMISSION MAY RESULT IN DELAY OF REPORT

PHYSICIAN INFORMATION:

BILL TO: ☐ HOSPITAL ☐ INSURANC

☐ **STAT**

SPECIMEN TYPE:

OF UNSTAINED CHARGED SLIDES* (preferred): _____

OF PARAFFIN BLOCKS*: _____

*Unstained, Charged Slides are preferred for staining and scannin

TEST REQUEST:

☐ IHC STAIN ONLY ☐ IHC STAIN & SCAN

SLIDE # / BLOCK ID	ANTIBODY MARKERS
A	
B	
C	
D	

ANTIBODY MARKERS:

Please check stains needed below. For multiple sites, use chart above.

PATIENT INFORMATION

SS# ___-___-____ DATE OF BIRTH ___/___/____ SEX ☐M ☐F

LAST NAME FIRST NAME M.I.

STREET ADDRESS

CITY STATE ZIP

( ) TEL #

CHART # PATH#

PATIENT'S PRIMARY INSURANCE

** ATTACH COPY OF INSURANCE CARD*

☐ **SECONDARY INS.** Please check box & attach copies of front/back of insurance card.

BILL TO: ☐ MEDICARE ☐ PATIENT ☐ OTHER ☐ NO FAULT ☐ WORKERS COMP

INSURED'S NAME_____ D.O.B._____/_____/_____

DATE OF ACCIDENT (If NO FAULT/WORKERS COMP)_____/_____/_____

PT RELATIONSHIP TO INSURED: ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER

POLICY #_____SS#_____-_____-_____

GROUP NAME:_____REFERRAL#_____

NAME OF INSURANCE CO:_____

INSURANCE ADDRESS:_____

CITY_____STATE_____ZIP_____

☐ PROSTATE BIOPSY:

# of Cores _____

☐ **OTHER:** _____

☐ AFB(- / +)
☐ ALB PAS
☐ Alcian Blue
☐ ALK-1
☐ Alpha Feto Protein
☐ Amyloid A
☐ Amyloid P
☐ ARGINASE1
☐ BCL 1 (Cyclin D1)
☐ BCL2
☐ BCL6
☐ BER-EP4
☐ Beta Catenin
☐ CA19-9
☐ Calcitonin
☐ Caldesmon
☐ Calponin
☐ Calretinin
☐ CAM 5.2 (CK 8/18)
☐ CA125
☐ CD1a
☐ CD2
☐ CD3
☐ CD4 (T cell)
☐ CD5
☐ CD7
☐ CD8
☐ CD10
☐ CD14
☐ CD15
☐ CD19
☐ CD20
☐ CD21
☐ CD23
☐ CD25
☐ CD30
☐ CD31
☐ CD33
☐ CD34
☐ CD35
☐ CD43
☐ CD44
☐ CD45/LCA
☐ CD56
☐ CD57
☐ CD68 KP1
☐ CD68 PGM1
☐ CD79a
☐ CD99
☐ CD117
☐ CD123
☐ CD138
☐ CD163
☐ CD246 (ALK)
☐ CDX-2
☐ CEA (M)
☐ CEA (P)
☐ Chromogranin A
☐ CK 5/6
☐ CK 7
☐ CK19
☐ CK20
☐ CK903 (HMWCK or K903)
☐ CMV
☐ C-MYC
☐ Congo Red
☐ Crystal Violet
☐ D2-40 (PODOPLANIN)
☐ Desmin
☐ DOG1
☐ Ebstein Barr Virus EBV
☐ E-Cadherin
☐ EGFR
☐ EMA
☐ EP-CAM (MOC 31)
☐ ER
☐ ERG
☐ Factor 13a
☐ Factor VIII (Von Willebrand Factor [VWF])
☐ FEULGEN
☐ Fite
☐ Galectin-3
☐ Gastrin
☐ GATA-3
☐ GCDFP 15
☐ GFAP
☐ GLUT-1
☐ GLYPICAN3
☐ Glycophorin A
☐ GMS
☐ Gram (- / +)
☐ Hepatocyte Specific Antigen (Hep-Par1)
☐ HBME
☐ HCG
☐ HER-2/neu (4B5)
☐ HGH
☐ HHV8
☐ H. Pylori
☐ HPV (IHC)
☐ **HPV ISH Comprehensive**
  ☐ HPV ISH Low (6,11)
  ☐ HPV ISH High (16,18)
  ☐ HPV ISH High Risk (31,33,51)
☐ HMB45 (Melanoma Marker)
☐ HNF-1 Beta
☐ HSV I
☐ HSV II
☐ hTERT
☐ Inhibin A
☐ INSM1
☐ KAPPA
☐ KDX1
☐ KI67
☐ LAMBDA
☐ MAMMAGLOBIN
☐ MELAN-A (R)
☐ MELAN-A (B)
☐ MITF (Microphthalmia transcription factor)
☐ MLH1
☐ MSH2
☐ MSH6
☐ Muc 2
☐ MUM1
☐ Muscle Specific Actin
☐ Myeloperoxidase
☐ Myf-4
☐ MyoD1
☐ Myogenin
☐ Myoglobin
☐ MYOSIN SMOOTH MUSCLE SPECIFIC
☐ Naspin A
☐ NKX3.1
☐ NSE
☐ OCT (2)
☐ OCT (3/4)
☐ P16
☐ P40
☐ P504S (AMACR)
☐ P53
☐ P63
☐ P120 (CATENIN)
☐ PAS
☐ PAS + Distase (PAS-D)
☐ PAS W/ FUNGUS
☐ PAX5
☐ PAX8
☐ PCK (AE1/AE3) (Multicytokeratin - MCK)
☐ PDL 1 (22C3)
☐ PIN 4 (Prostate Triple Stain)
☐ PLAP
☐ PMS2
☐ PR
☐ PRAME (R)
☐ PRAME (B)
☐ Prolactin
☐ PSA (prostatic specific antigen)
☐ PSAP (prostate specific alkaline antigen phosphatas)
☐ PTEN
☐ PTH
☐ Reticulin
☐ S100
☐ SALL4
☐ SMMHC
☐ Smooth Muscle Actin (SMA)
☐ SOX 10
☐ Synaptophysin
☐ Terminal Deoxy Neucleo Tidyal (TDT)
☐ TTF-1
☐ Treponema Pallidum (spirochete)
☐ Thrombomodulin
☐ Thyroglobulin
☐ TRICHROME (BLUE)
☐ TRICHROME (GREEN)
☐ Tyrosinase
☐ Tryptase (Mast Cell Tryptase - MCT)
☐ Vimentin
☐ Villin
☐ VWF
☐ WTF 1 (Wilm's Tumor)
☐ ZAP 70

REQUESTED STAIN AVAILABILITY REVIEW

☐ **IHC Stain(s):** _____

☐ **Special Stain(s):** _____

Our laboratory will make every effort to accommodate requested special stains if available; however, performance of requested studies cannot be guaranteed.

Disclaimer: De-identified patient data may be used for R&D purposes.