



Gemrook Laboratories – Immunohistochemistry & Special Stains Requisition

Billing Information		Patient Information	
Payer Name:		Surname:	
Payer Email:		First Name:	
Payer Phone:		DOB (DD/MM/YY):	
Payer Address:		Phone:	
Requesting Physician:		Email:	
Physician Email:		Gender (Male/Female):	
Specimen Information			
Specimen ID:		Collection Date (DD/MM/YYYY):	Pathology Report Included (Y/N):
Specimen Description: A. B. C.		Specimen Type: <input type="checkbox"/> Paraffin Block <input type="checkbox"/> Unstained Slides <input type="checkbox"/> Other	
TESTING REQUIRED - Immunohistochemistry (IHC)			
Single Antibody Tests		<input type="checkbox"/> With Manual Interpretation & Reporting	
<input type="checkbox"/> Actin (Smooth Muscle)	<input type="checkbox"/> CD38	<input type="checkbox"/> Cytokeratin 19	<input type="checkbox"/> HSV II
<input type="checkbox"/> AE1/AE3	<input type="checkbox"/> CD43	<input type="checkbox"/> Cytokeratin HMW (34betaE12)	<input type="checkbox"/> HHV 8
<input type="checkbox"/> ALK-1	<input type="checkbox"/> CD45	<input type="checkbox"/> Cytokeratin LMW (35betaH11)	<input type="checkbox"/> H. pylori
<input type="checkbox"/> AMACR	<input type="checkbox"/> CD56	<input type="checkbox"/> Cyclin D1	<input type="checkbox"/> IDH
<input type="checkbox"/> Androgen Receptor	<input type="checkbox"/> CD57	<input type="checkbox"/> Desmin	<input type="checkbox"/> IgA
<input type="checkbox"/> ARG-1	<input type="checkbox"/> CD61	<input type="checkbox"/> DOG-1	<input type="checkbox"/> IgG
<input type="checkbox"/> ATRX	<input type="checkbox"/> CD68	<input type="checkbox"/> EBV	<input type="checkbox"/> IgM
<input type="checkbox"/> BCL-2	<input type="checkbox"/> CD79a	<input type="checkbox"/> E-cadherin	<input type="checkbox"/> Kappa
<input type="checkbox"/> BCL-6	<input type="checkbox"/> CD99	<input type="checkbox"/> EMA	<input type="checkbox"/> Ki67
<input type="checkbox"/> Ber-EP4	<input type="checkbox"/> CD117 (C-Kit)	<input type="checkbox"/> ER	<input type="checkbox"/> Lambda
<input type="checkbox"/> Calcitonin	<input type="checkbox"/> CD138	<input type="checkbox"/> F VIII	<input type="checkbox"/> Mammoglobin
<input type="checkbox"/> Calretinin	<input type="checkbox"/> CDX2	<input type="checkbox"/> F XIII	<input type="checkbox"/> Melan A
<input type="checkbox"/> CD3	<input type="checkbox"/> CEA (Monoclonal)	<input type="checkbox"/> Galectin-3	<input type="checkbox"/> Melanoma (HMB45)
<input type="checkbox"/> CD5	<input type="checkbox"/> CEA (Polyclonal)	<input type="checkbox"/> GATA-3	<input type="checkbox"/> MLH1
<input type="checkbox"/> CD10	<input type="checkbox"/> Chromogranin A	<input type="checkbox"/> HBME-1	<input type="checkbox"/> MSH2
<input type="checkbox"/> CD15	<input type="checkbox"/> CMV	<input type="checkbox"/> Her-2neu	<input type="checkbox"/> MSH6
<input type="checkbox"/> CD20	<input type="checkbox"/> Cytokeratin 5/6	<input type="checkbox"/> Hepatocyte Specific Antigen (HEPAR A)	<input type="checkbox"/> MUC-1
<input type="checkbox"/> CD23	<input type="checkbox"/> Cytokeratin 7	<input type="checkbox"/> Hep B Core Antigen	<input type="checkbox"/> MUM1
<input type="checkbox"/> CD30	<input type="checkbox"/> Cytokeratin 20	<input type="checkbox"/> Hep B Surface Antigen	<input type="checkbox"/> Napsin A
<input type="checkbox"/> CD34	<input type="checkbox"/> Cytokeratin 8/18	<input type="checkbox"/> HSV I	<input type="checkbox"/> Parvovirus
<input type="checkbox"/> Others (please specify)			
Antibody Panel Tests		<input type="checkbox"/> With Manual Interpretation & Reporting	
<input type="checkbox"/> Breast 3 (ER/PR/Her2)		<input type="checkbox"/> Melanoma (S100/Melan A/HMB45)	
<input type="checkbox"/> Prostate (p63/PSA/Cytokeratin HMW)		<input type="checkbox"/> Breast 4 (ER/PR/Her2/ki-67)	
<input type="checkbox"/> GIST (CD34/CD117/DOG1/SMA)		<input type="checkbox"/> MMR (MLH-1/MSH-2/MSH-6/PMS2)	
<input type="checkbox"/> Gliomas/Glioblastomas (ATRX/IDH1/Ki-67/p53)		<input type="checkbox"/> Lung (CK7/p40/p63/Chromogranin//Synaptophysin/TTF-1)	
<input type="checkbox"/> Others (please specify)			
Special IHC Test			
<input type="checkbox"/> PD-L1 (Specify Clone: Sent to Reference Laboratory)			
TESTING REQUIRED – Special Stains			
<input type="checkbox"/> Congo Red		<input type="checkbox"/> Giemsa	
<input type="checkbox"/> Grocot Methenamine		<input type="checkbox"/> PAS	
<input type="checkbox"/> PAS +/- Diastase		<input type="checkbox"/> Reticulin	
<input type="checkbox"/> Southgate Mucincamine		<input type="checkbox"/> Ziehl Neelsen (ZN)	
<input type="checkbox"/> Others (please specify)			