



# SPECIAL STAINS / IMMUNOPEROXIDASE REQUISITION

South Bend Medical Foundation  
3355 Douglas Road, South Bend, IN 46635

Client Name: \_\_\_\_\_

✓ Physician's Last Name, First Name  
[ ] \_\_\_\_\_  
[ ] \_\_\_\_\_  
[ ] \_\_\_\_\_  
[ ] \_\_\_\_\_  
[ ] \_\_\_\_\_

**Signature of Ordering Provider**  
\_\_\_\_\_  
(Signature must be dated, legible, and include first and last name)  
**Date** \_\_\_\_\_

**PATIENT INFORMATION – Please PRINT**  
Name \_\_\_\_\_  
Last First MI  
SS# \_\_\_\_\_  
DOB \_\_\_\_\_ SEX \_\_\_\_\_  
MO / DAY / YEAR

**SPECIMEN COLLECTION**  
Date \_\_\_\_\_ Collector's Initials \_\_\_\_\_  
MO / DAY / YEAR  
Time: \_\_\_\_\_ AM PM Tissue Type \_\_\_\_\_  
If ER PR or HER2 ordered:  
Was the specimen placed in formalin within one hour of collection?  Yes  No  
Was the formalin fixation time between 6 and 72 hours?  Yes  No

**BILLING**  
 PHYSICIAN / ACCOUNT  
 PATIENT DEMOGRAPHICS AND INSURANCE INFORMATION ATTACHED  
IF NO BILLING INFORMATION IS PROVIDED, AND NO BOX IS CHECKED YOUR ACCOUNT WILL BE BILLED.

**IMMUNOPEROXIDASE STAINS**  
**CHARGE# 26105**  
**PANELS**

- BREAST (\*PAN-BRST)** X 2  
ER, PR, HER-2/Neu by FISH (CPT 88374)
- CLL PANEL** X 3  
CD-5, CD-10, CD-23
- CYTO 7 & 20 (\*PAN-CYTO7/20)** X 2  
CYTOKERATIN 7, CYTOKERATIN 20
- ER/PR (\*PAN-ER/PR)** X 2  
ER, PR
- HODGKINS (\*PAN-HODGKINS)** X 9  
CD3, CD15, CD20, CD30, CD45, EBV-LMP, EMA, FASCIN, PAX5
- IMMUNOGLOBULIN (\*PAN-IMMUNOGL)**  
IgA, IgG, IgM, KAPPA, LAMBDA X 5
- KAPPA, LAMBDA (\*PAN-KAPLAM)** X 2  
KAPPA, LAMBDA
- LCL (\*PAN-LCL)** X 12  
ALK-1, BCL-2, BCL-6, CD3, CD5, CD10, CD20, CD23, CD79A, KI-67 (MIB), MUM-1, PAX-5
- LUNG CA (\*PAN-LUNG CA)** X 2  
P40, TTF
- MELANOMA (\*PAN-MELANOMA)** X 3  
HMB45, MELAN-A, SOX-10
- MMR (\*PAN-MMR)** X 4  
MLH-1, MSH-2, MSH-6, PMS-2
- MYOEPITHELIAL (\*PAN-MYOEPI)** X 2  
P63, SMMHC
- PROSTATE (\*PAN-PROSTATE)** X 2  
PSA, PSMA
- SENTINAL NODE (PAN-AE/CAM)** X 2  
AE 1/3, CAM 5.2
- SLL (\*PAN-SLL)** X 11  
CD3, CD5, CD10, CD19, CD20, CD23, CD43, BCL2, BCL6, CYCLIN-D, KI-67 (MIB)

**CPT Code X 1**  
**CPT 88342 (unless otherwise indicated)**  
**INDIVIDUAL IMMUNOPEROXIDASE STAINS**

- |                                       |                                       |  |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> 34BE12       | <input type="checkbox"/> CD-117       | <input type="checkbox"/> MSH-2           |
| <input type="checkbox"/> AE 1/3       | <input type="checkbox"/> CD-138       | <input type="checkbox"/> MSH-6           |
| <input type="checkbox"/> AFP          | <input type="checkbox"/> CDX-2        | <input type="checkbox"/> MUM-1           |
| <input type="checkbox"/> ALK-1        | <input type="checkbox"/> CEA- MONO    | <input type="checkbox"/> MYELOPEROXIDASE |
| <input type="checkbox"/> AMACR        | <input type="checkbox"/> CHROMAGRANIN | <input type="checkbox"/> MYOGENIN        |
| <input type="checkbox"/> BCL-2        | <input type="checkbox"/> CMV          | <input type="checkbox"/> NAPSIN          |
| <input type="checkbox"/> BCL-6        | <input type="checkbox"/> CYCLIN D     | <input type="checkbox"/> NSE             |
| <input type="checkbox"/> BETA-CATENIN | <input type="checkbox"/> CYTO 5/6     | <input type="checkbox"/> NKX 3.1         |
| <input type="checkbox"/> BOB.1        | <input type="checkbox"/> CYTO 7       | <input type="checkbox"/> OCT.2           |
| <input type="checkbox"/> CA IX        | <input type="checkbox"/> CYTO 20      | <input type="checkbox"/> PAX-5           |
| <input type="checkbox"/> CALCITONIN   | <input type="checkbox"/> DESMIN       | <input type="checkbox"/> PAX-8           |
| <input type="checkbox"/> CALRETININ   | <input type="checkbox"/> EBV-LMP      | <input type="checkbox"/> P16             |
| <input type="checkbox"/> CAM 5.2      | <input type="checkbox"/> E-CADHERIN   | <input type="checkbox"/> P40             |
| <input type="checkbox"/> CD-1a        | <input type="checkbox"/> EMA          | <input type="checkbox"/> P53             |
| <input type="checkbox"/> CD-2         | <input type="checkbox"/> ER           | <input type="checkbox"/> P57             |
| <input type="checkbox"/> CD-3         | <input type="checkbox"/> FACTOR VIII  | <input type="checkbox"/> P63             |
| <input type="checkbox"/> CD-4         | <input type="checkbox"/> GATA-3       | <input type="checkbox"/> PLAP            |
| <input type="checkbox"/> CD-5         | <input type="checkbox"/> GCDFP        | <input type="checkbox"/> PMS2            |
| <input type="checkbox"/> CD-7         | <input type="checkbox"/> GFAP         | <input type="checkbox"/> PODOPLANIN      |
| <input type="checkbox"/> CD-8         | <input type="checkbox"/> GLYPICAN-3   | <input type="checkbox"/> PR              |
| <input type="checkbox"/> CD-10        | <input type="checkbox"/> GRANZYME     | <input type="checkbox"/> PSA             |
| <input type="checkbox"/> CD-15        | <input type="checkbox"/> HCG          | <input type="checkbox"/> PSAP            |
| <input type="checkbox"/> CD-19        | <input type="checkbox"/> H. PYLORI    | <input type="checkbox"/> PSMA            |
| <input type="checkbox"/> CD-20        | <input type="checkbox"/> HEPATOCYTE   | <input type="checkbox"/> RENAL CELL      |
| <input type="checkbox"/> CD-21        | <input type="checkbox"/> HMB-45       | <input type="checkbox"/> S-100           |
| <input type="checkbox"/> CD-23        | <input type="checkbox"/> HSV 1&2      | <input type="checkbox"/> SATB2           |
| <input type="checkbox"/> CD-30        | <input type="checkbox"/> INHIBIN      | <input type="checkbox"/> SMA             |
| <input type="checkbox"/> CD-31        | <input type="checkbox"/> IgA          | <input type="checkbox"/> SMMHC           |
| <input type="checkbox"/> CD-34        | <input type="checkbox"/> IgG          | <input type="checkbox"/> SOX-10          |
| <input type="checkbox"/> CD-43        | <input type="checkbox"/> IgM          | <input type="checkbox"/> SYNAPTOPHYSIN   |
| <input type="checkbox"/> CD-45        | <input type="checkbox"/> KAPPA        | <input type="checkbox"/> SYPHILIS        |
| <input type="checkbox"/> CD-56        | <input type="checkbox"/> KI-67 (MIB)  | <input type="checkbox"/> TDT             |
| <input type="checkbox"/> CD-57        | <input type="checkbox"/> LAMBDA       | <input type="checkbox"/> THROMBOMODULIN  |
| <input type="checkbox"/> CD-61        | <input type="checkbox"/> LYSOZOME     | <input type="checkbox"/> THYROGLOBULIN   |
| <input type="checkbox"/> CD-68        | <input type="checkbox"/> MAMMAGLOBIN  | <input type="checkbox"/> TTF             |
| <input type="checkbox"/> CD-71        | <input type="checkbox"/> MELAN-A      | <input type="checkbox"/> UROPLAKIN III   |
| <input type="checkbox"/> CD-79a       | <input type="checkbox"/> MLH-1        | <input type="checkbox"/> VIMENTIN        |
| <input type="checkbox"/> CD-99        | <input type="checkbox"/> MOC 31       | <input type="checkbox"/> WT-1            |

**SPECIAL STAINS GROUP I (MICROORGANISMS)**  
**CHARGE# 26017 CPT 88312**

- ACID FAST
- GRAM STAIN
- FITE
- PAS-FUNGI
- STEINER
- PNEUMOCYSTIS
- SILVER CHROMATE (GMS)
- WARTHIN-STARRY

**SPECIAL STAINS GROUP II (MICROORGANISMS)**  
**CHARGE# 26117 CPT 88313**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> ALICIAN BLUE          | <input type="checkbox"/> COPPER              | <input type="checkbox"/> MELANIN      |
| <input type="checkbox"/> ALICIAN BLUE/PAS      | <input type="checkbox"/> CRYSTAL VIOLET      | <input type="checkbox"/> MUCICARMINE  |
| <input type="checkbox"/> BILE                  | <input type="checkbox"/> ELASTIC             | <input type="checkbox"/> OIL RED O    |
| <input type="checkbox"/> BIELSCHOWSKI          | <input type="checkbox"/> GIEMSA (MAST CELLS) | <input type="checkbox"/> PAS          |
| <input type="checkbox"/> CALCIUM               | <input type="checkbox"/> H&E                 | <input type="checkbox"/> PAS DIASTASE |
| <input type="checkbox"/> CHLORACETATE ESTERASE | <input type="checkbox"/> HEMOSIDERIN (IRON)  | <input type="checkbox"/> PASM         |
| <input type="checkbox"/> COLLOIDAL IRON        | <input type="checkbox"/> LUXOL FAST          | <input type="checkbox"/> RETICULIN    |
| <input type="checkbox"/> CONGO RED             | <input type="checkbox"/> MELANIN BLEACH      | <input type="checkbox"/> SIDEROCYTE   |
|  |  | <input type="checkbox"/> TRICHROME    |