

TEST REQUISITION FORM

IMMUNOHISTOCHEMISTRY (IHC)

PATIENT DETAILS

Full Name _____ Age _____

Sex Male Female Others **Date Of Biopsy** _____

E-mail ID* _____ Contact No _____

Address _____

Consultant Name _____ Consultant Contact Number _____

Consultant Email ID _____

Sample Collection Date _____ Sample Collection Time _____

Detail of Specimen **Type of Specimen** : Tissue Paraffin block

(Note : Supratech Micropath Laboratory chooses the best block(s) based on initial morphologic assessment for further IHC study. It makes all efforts to preserve & NOT exhaust tissue entirely under study, however, in small thin/tiny specimen, there is a possibility of exhausting the tissue to ensure quality & reliability of the results.

Time Formalin fixation (10% buffered): _____Hours/ Unknown

Time tissue immersed in fixative after surgical removal: _____Hours/ Unknown

(CAP / ASCO recommendation : For breast markers & GI Her2Neu, the cold ischemia time should be <01 Hour and Optimal fixation for ER/PgR/Her2Neu in 10% buffered formalin MUST be 06 to 72 Hours)

Indication for IHC (Tick all that apply):

Diagnostic IHC panel Predictive Individual (Directed) : _____

BREAST CANCER

NEUROENDOCRINE PANEL

OVARIAN & TESTICULAR
GERM CELL CANCER

PLASMA CELL NEOPLASM
DIAGNOSTIC MARKER

LUNG CANCER

BLADDER TUMOR

LYMPHOMA DIAGNOSTIC /
PROGNOSTIC MARKER

MISCELLANEOUS

LIVER CANCER

SPINDLE CELL PANEL

UNDIFFERENTIATED TUMOR
DIAGNOSTIC MARKERS

HPV Related Cancer
Renal Biopsy Related Markers
Leukaemias
GIST Tumor

CNS TUMORS

MELANOMA PANEL

HISTIOCYTIC

PROSATATE CANCER

MESOTHELIOMA

THYROID CANCER

DIAGNOSTIC MARKER

(Note : For details of complete list of available antibodies please visit website (www.neubergsupratech.com) or call the laboratory)

CLINICAL DETAILS

RADIOLOGICAL FINDINGS

MORPHOLOGICAL DIAGNOSIS

DETAILS OF PREVIOUS CYTOLOGY OR BIOPSY REPORTS

Signature (requester) & Date _____