

CLIENT NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT NAME: _____



UMass Memorial Medical Center

*Hospital Laboratories
 365 Plantation Street
 Worcester, MA. 01605
 508-334-2863*

Anatomic Pathology Requisition

PATIENT LAST NAME	FIRST NAME	MI	SEX	SOC. SEC. #	DATE OF BIRTH
ADDRESS	CITY	STATE	ZIP	HOME PHONE	
REQUESTING PHYSICIAN	UPIN #	CLIENT MEDICAL RECORD #			
COLLECTION DATE	Choose One: <input type="checkbox"/> Stain & Interpretation <input type="checkbox"/> Stain Only				

Bill to: Client Patient/Insurance (for outpatient services only - fill out shaded area or attach information)

RESPONSIBLE PARTY IF DIFFERENT FROM PATIENT (LAST, FIRST, MI)			INSURANCE COMPANY NAME		
ADDRESS			ADDRESS		
CITY / TOWN STATE ZIP			CITY / TOWN STATE ZIP		
MEDICARE #	MEDICAID #	PCC#	GROUP	POLICY #	

Immunohistochemistry Antibodies Offered

Please place a checkmark in the box to the left of antibodies being requested

<input type="checkbox"/>	A1-Antichymotryp.	CD20	Dystroglycan - B	IgD	P63
<input type="checkbox"/>	A1-Antitrypsin	CD21	Dystrophin 1	IMP3	P63/CK903
<input type="checkbox"/>	A1-Fetoprotein	CD23	Dystrophin 2	Inhibin	Panc. Polypeptide
<input type="checkbox"/>	ACTH	CD25	Dystrophin 3	Insulin	PAX5
<input type="checkbox"/>	Actin Pan	CD30	EBER (ISH)	Involucrin	p-CEA
<input type="checkbox"/>	Actin Sm. Musc.	CD31	E-CADHERIN	Kappa & Lambda	Perforin
<input type="checkbox"/>	Adhalin	CD34	EGF-R	Ki-67	Placental Alk. Phos.
<input type="checkbox"/>	ALK Protein	CD43	EMA	Laminin	Placental Lactogen
<input type="checkbox"/>	Alpha-subunit	CD44	Emerin	Langerin	Ploidy
<input type="checkbox"/>	Alpha-synuclein	CD45	ER	LH	PML (JC Virus)
<input type="checkbox"/>	AMACR (P504)	CD45RO	ER/PR	LN3	PR
<input type="checkbox"/>	Androgen Recep.	CD56	Factor XIIIa	Lysozyme	Prealbumin
<input type="checkbox"/>	Anti-Alzheim. PP	CD57	Fascin	MAC	Prolactin
<input type="checkbox"/>	B2-Microglobulin	CD68	FSH	Mammoglobin	Prost. Acid Phos.
<input type="checkbox"/>	B72.3 (BRST3)	CD74	Galectin	MART-1	Prost. Specific Ag.
<input type="checkbox"/>	B-Amyloid	CD79a	Gastrin	Mast cell try.	S100
<input type="checkbox"/>	B-Catenin	CD99	GCDFP15	Melan-A (A103)	Sarcoglycan - B
<input type="checkbox"/>	BCL2	CD117	GFAP	Merosin	Sarcoglycan - D
<input type="checkbox"/>	BCL6	CD138	Glucagon	MLH1	Sarcoglycan - G
<input type="checkbox"/>	Ber-EP4	CDX2	GLUT-1	MOC-31	Serotonin
<input type="checkbox"/>	BOB-1	Chromogranin A	Glycophorin A	MSH-2	Somatostatin
<input type="checkbox"/>	C4D	CITED1	GP41 (HIV)	MSH-6	Surfact. Apoprotein
<input type="checkbox"/>	CA19.9	CMV	Hairy Cell	MUM-1	SV40
<input type="checkbox"/>	Calcitonin	Collagen IV	HBME1	Myeloperoxidase	Synaptophysin
<input type="checkbox"/>	Caldesmon	Cyclin B1	HCG	Myo D1	TAU
<input type="checkbox"/>	Calponin	Cyclin D1	Hep B Core	Myoglobin	TDT
<input type="checkbox"/>	Calretinin	Cyclin E	Hep B Surface	Myosin Fast	TGF-alpha
<input type="checkbox"/>	Caspase 3	Cytokeratin 5/6	Hepatocyte	Myosin Sm. Musc.	Thyroglobulin
<input type="checkbox"/>	Caveolin 3	Cytokeratin AE1/AE3	HER2	NF (32)	TIA-1
<input type="checkbox"/>	CD1a	Cytokeratin CAM5.2	Herpes type 1	NF (DAKO)	Toxoplasmosis
<input type="checkbox"/>	CD3	Cytokeratin CK19	Herpes type 2	NSE	TSH
<input type="checkbox"/>	CD4	Cytokeratin CK20	HGH	OC125	TTF-1
<input type="checkbox"/>	CD5	Cytokeratin CK7	HHV-8	OCT-2	Ubiquitin
<input type="checkbox"/>	CD8	Cytokeratin K903	HLA-DR	P16 protein	Vimentin
<input type="checkbox"/>	CD10	Desmin	HMB45	P53	VWF (factor VIII)
<input type="checkbox"/>	CD15	Dysferlin	HPV	P57	WT-1