

IMMUNOHISTOCHEMISTRY, SPECIAL STAINS & ELECTRON MICROSCOPY REQUISITION

All information must be completed before sample can be processed.

PATIENT INFORMATION

_____, _____, _____
 Last Name First Name MI

DOB (MM/DD/YYYY): _____ Gender: M F Unknown

BILLING INFORMATION

Referring Institution _____
 CHLA Account Number:* _____
 Hospital/Laboratory Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Accounts Payable Contact Name: _____
 Phone: _____ Fax: _____
 Email: _____

CLINICAL AND SPECIMEN INFORMATION

Services Requested

- Stain Only
- Stain with Interpretation

Number of Samples Submitted:

- Paraffin Block(s): _____
- Slides (two per stain requested): _____
- Frozen Tissue(s) (OCT, Snap Frozen): _____

- Check here if you would like unstained slides returned

Fixative:

- Formalin
- B5
- Glutaraldehyde
- Other: _____

Accession Number: _____

Block Number (s):* _____

Diagnosis: _____

SEE PAGE 2 FOR SAMPLE REQUIREMENTS AND SHIPPING INSTRUCTIONS.

*See reverse side to open an account with CHLA Laboratory.

IHC, SPECIAL STAINS & ELECTRON MICROSCOPY MENU

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> ABCB11 (BSEP) <input type="checkbox"/> ADV <input type="checkbox"/> AFP <input type="checkbox"/> ALK <input type="checkbox"/> AP-2 beta <input type="checkbox"/> ATRX <input type="checkbox"/> BCL2 <input type="checkbox"/> BCL6 <input type="checkbox"/> BCOR <input type="checkbox"/> Beta-Catenin <input type="checkbox"/> Brachyury <input type="checkbox"/> BRAF (V600E) <input type="checkbox"/> BRG1 (SMARCA4) <input type="checkbox"/> C4d (paraffin) <input type="checkbox"/> Calcitonin <input type="checkbox"/> Calponin <input type="checkbox"/> Calretinin <input type="checkbox"/> CD1a <input type="checkbox"/> CD2 <input type="checkbox"/> CD3 <input type="checkbox"/> CD4 <input type="checkbox"/> CD5 <input type="checkbox"/> CD7 <input type="checkbox"/> CD8 <input type="checkbox"/> CD10 <input type="checkbox"/> CD15 <input type="checkbox"/> CD19 <input type="checkbox"/> CD20 <input type="checkbox"/> CD21 <input type="checkbox"/> CD23 <input type="checkbox"/> CD30 <input type="checkbox"/> CD31 <input type="checkbox"/> CD34 <input type="checkbox"/> CD43 <input type="checkbox"/> CD45/LCA <input type="checkbox"/> CD56 <input type="checkbox"/> CD61 | <ul style="list-style-type: none"> <input type="checkbox"/> CD68/KPI <input type="checkbox"/> CD71 <input type="checkbox"/> CD79a <input type="checkbox"/> CD99/MIC2 <input type="checkbox"/> CD117 <input type="checkbox"/> CD123 <input type="checkbox"/> CD138 <input type="checkbox"/> CD163 <input type="checkbox"/> CDK4 <input type="checkbox"/> Chromogranin A <input type="checkbox"/> CK (AE1/AE3) <input type="checkbox"/> CK (CAM 5.2) <input type="checkbox"/> CK7 <input type="checkbox"/> CK19 <input type="checkbox"/> CMV <input type="checkbox"/> C-Myc <input type="checkbox"/> Collagen IV <input type="checkbox"/> D2-40/Podoplanin <input type="checkbox"/> Desmin <input type="checkbox"/> E-Cadherin <input type="checkbox"/> EBER (ISH) <input type="checkbox"/> EBV:(LMP-1) <input type="checkbox"/> EMA <input type="checkbox"/> EZHIP (CXorf67) <input type="checkbox"/> Factor XIIIa <input type="checkbox"/> FLI-1 <input type="checkbox"/> GAB1 <input type="checkbox"/> GFAP <input type="checkbox"/> GLUT-1 <input type="checkbox"/> Glutamine Synthetase <input type="checkbox"/> Glypican-3 <input type="checkbox"/> H3K27M <input type="checkbox"/> H3K27me3 <input type="checkbox"/> H3.3 G34R <input type="checkbox"/> H3.3 G34W <input type="checkbox"/> H3.3 K36M <input type="checkbox"/> HCG <input type="checkbox"/> HMB45 | <ul style="list-style-type: none"> <input type="checkbox"/> Helicobacter pylori <input type="checkbox"/> HMGA2 <input type="checkbox"/> Hep-Par1 <input type="checkbox"/> HSV1 <input type="checkbox"/> HSV2 <input type="checkbox"/> IDH1 <input type="checkbox"/> IgG <input type="checkbox"/> IgG4 <input type="checkbox"/> Inhibin Alpha <input type="checkbox"/> INI-1 <input type="checkbox"/> Ki67 <input type="checkbox"/> L1CAM <input type="checkbox"/> Langerin <input type="checkbox"/> LEF1 <input type="checkbox"/> LIN28 <input type="checkbox"/> Lysozyme/Muramidase <input type="checkbox"/> MART -1/Melan A <input type="checkbox"/> Mast Cell Tryptase <input type="checkbox"/> MDR3 <input type="checkbox"/> MLH1 <input type="checkbox"/> MPX <input type="checkbox"/> MSA <input type="checkbox"/> MSH2 <input type="checkbox"/> MSH6 <input type="checkbox"/> MUC4 <input type="checkbox"/> MUM1 <input type="checkbox"/> Myf-4/Myogenin <input type="checkbox"/> MyoD1 <input type="checkbox"/> NeuN <input type="checkbox"/> Neurofilament 200kD <input type="checkbox"/> Neurofilament (2F11) <input type="checkbox"/> NKX2.2 <input type="checkbox"/> N-MYC <input type="checkbox"/> NSE <input type="checkbox"/> NUT1 <input type="checkbox"/> OCT-2 <input type="checkbox"/> OCT-3/4 |
|---|---|--|

Immunofluorescent Stains (frozen sections required)

- C1q
- C3c
- C4d
- Collagen IVα
- Fibrinogen
- IgA
- IgG
- IgM

IHC Stains for Muscle Biopsies

- Alpha Sarcoglycan
- Beta-Dystroglycan
- Dystroglycan (C-Terminus)
- Dystroglycan (Rod-Domain)
- Dystroglycan (N-Terminus)
- Dysferlin
- HLA-ABC (aka MHC-I)
- Merosin
- Spectrin
- Myosin Heavy Chain (Fast)
- Myosin Heavy Chain (Slow)
- Myosin Heavy Chain (Developmental)
- Myosin Heavy Chain (Neonatal)

Muscle Biopsy Enzyme Histochemistry/Special Stains

- Gomori's One-Step Trichrome
- Acid Phosphatase
- Alkaline Phosphatase
- ATPase (4.3, 4.6, 9.4)
- Cytochrome Oxidase
- NADH
- SDH
- Sudan Black

Special Stains

- AFB
- Alcian Blue 2.5
- Congo Red
- Copper
- Elastic Van Gieson
- Fite
- Fontana-Masson
- Giemsa
- GMS
- Gram
- Iron
- Jones
- Luxol Fast Blue
- Mucicarmine
- Oil Red O
- PAS
- PAS Diastase
- Reticulin
- Trichrome (Masson's)
- Von Kossa

Electron Microscopy

- Full EM with interpretation
- Full EM without interpretation (Images provided to requesting Institution without interpretation)
- Process Only (create Epon block)
- Process+Semithin Sections
- Scoping only (grids provided by submitting institution)

Ship To:

Department of Pathology and Laboratory Medicine
Children's Hospital Los Angeles
4650 Sunset Blvd. MS#43
MRI/Weingart, 2nd Floor, Room 2-11
Los Angeles, CA 90027

TEST REQUISITION REQUIREMENTS

1. All samples should be clearly labeled with **patients first and last name, date of birth, hospital/ laboratory name, and block or slide number**. Failure to fully complete the test requisition may delay analysis.
2. **All fields with red text are required.**
3. We will notify you within 24 hours of receipt if we are unable to perform testing due to failed specimen integrity. Any specimen determined to be inadequate for testing will be discarded after 48 hours.
4. **Cancellations:**
Please notify us **ASAP** in writing if you wish to cancel a test. Cancellations cannot be accepted once testing has been initiated.

SHIPPING AND HANDLING INSTRUCTIONS

FRESH FROZEN TISSUE:

1. Ship fresh frozen tissue on dry ice with a minimum of 5 kg of dry ice. Overnight delivery required to prevent thawing of tissue.

PARAFFIN BLOCK(S) OR UNSTAINED SLIDES :

1. Ship paraffin blocks or slides at room temperature.

GENERAL INSTRUCTIONS:

1. We will notify you within 24 hours of receipt if we are unable to perform testing due to compromised sample integrity.
2. Please notify us ASAP in writing if you wish to cancel a test. Cancellations cannot be accepted once testing has been initiated.
3. We accept samples Monday through Thursday from 7:00 AM to 4:00 PM PST. We also accept samples on Friday by 11:00 AM PST. All packages should be mailed for receipt by Friday. Holidays and weekends should be taken into consideration before mailing samples.
4. To ensure sample integrity, use of the following delivery priorities is highly recommended.
FedEx: First Overnight
UPS: Next Day Air Early AM
5. **Your specimen is important to us. Please email the tracking number to PLMTrack@chla.usc.edu at the time of shipment and include contact information to be used in the event your sample is not received.**

BILLING INFORMATION

1. For billing inquiries, please call (877) 543-9522.
2. If you are interested in opening an account with Children's Hospital Los Angeles, please contact our Laboratory Service Center at (877)543-9522. Please be prepared to provide the following information:
 - a. Name of Institution
 - b. Address
 - c. Phone/Fax Number
 - d. Laboratory Contact Name and phone number
 - e. Accounts Payable Contact Name and phone number
3. Third party billing is not offered at this time.

CHILDREN'S CONNECT

Children's Connect is a web-based portal providing 24/7 access to laboratory test order entry and results retrieval.

To request access or to receive more information, please contact us

at:

(877) 543-9522



CONTACT US

For all other inquiries, please contact our Laboratory Service Center at:

(877)KIDZ-LAB or (877) 543-9522

or visit our website at:

CHLA.org/CPM