

*Applies to former Saskatoon Health Region area*
**External Immunohistochemical (IHC)/ In Situ Hybridization (ISH) Stains Request**
**Patient Information:**

Date:	
Patient Name:	Personal Health Number:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	Birth Date(mm/dd/yyyy):
Street Address:	
City:	Province:
ZIP Code:	Phone Number:

**Submitting Provider:**

Ordering Physician Name :		
Referring Hospital:		
Address:	Province:	ZIP Code:
Phone Number:	Fax Number:	

**Specimen Provided:**

<b>Case number:</b>	<b>Block(s) ID:</b>
<input type="checkbox"/> Pathology Report Provided <input type="checkbox"/> Formalin Fixed Paraffin Block <b>Number sent: _____</b> <input type="checkbox"/> Cut Slides <b>Number sent: _____</b> <i><b>*Please see Page 3 for Specimen requirements*</b></i>	<b>Specimen Source (please indicate if any blocks sent have been decaled):</b>
<b>Materials sent for Diagnosis by SHA :</b> <input type="checkbox"/>  <b>Materials for staining only:</b> <input type="checkbox"/>	<b>Date and Time of Sectioning slides:</b>

**Billing Info:**

Bill: <input type="checkbox"/> Requesting Entity		
PO#	<input type="checkbox"/> PO not required	
Attn:	Entity Name:	
Department:	Address:	
City	Province:	Zip Code:
Contact Name:		
Billing Contact Phone #: (    )	Fax #:	

**SHA Accession Label**

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Patient Name:	
Personal Health Number:	Birth Date:
External Case Number:	Block ID:
<b>SHA Case number:</b>	
<b>*Please see Page 3 for Specimen requirements*</b>	

<p><b>Diagnostic IHC Biomarkers</b></p> <input type="checkbox"/> ACTH <input type="checkbox"/> AFP <input type="checkbox"/> ALK (Lymphoma) <input type="checkbox"/> AMACR <input type="checkbox"/> AMACR/CK5/6 Red <input type="checkbox"/> Annexin <input type="checkbox"/> AR <input type="checkbox"/> ATRX <input type="checkbox"/> B-Catenin <input type="checkbox"/> Bcl-2 <input type="checkbox"/> Bcl-6 <input type="checkbox"/> BerEP4 <input type="checkbox"/> BRAF V600E <input type="checkbox"/> CA-9 <input type="checkbox"/> CA-19-9 <input type="checkbox"/> Calcitonin <input type="checkbox"/> Caldesmon <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"/> CD13 <input type="checkbox"/> CD14 <input type="checkbox"/> CD15 <input type="checkbox"/> CD16 <input type="checkbox"/> CD19 <input type="checkbox"/> CD20 <input type="checkbox"/> CD21 <input type="checkbox"/> CD23 <input type="checkbox"/> CD25 <input type="checkbox"/> CD30 <input type="checkbox"/> CD31 <input type="checkbox"/> CD33 <input type="checkbox"/> CD34 <input type="checkbox"/> CD35 <input type="checkbox"/> CD38 <input type="checkbox"/> CD43 <input type="checkbox"/> CD44 <input type="checkbox"/> CD45 <input type="checkbox"/> CD45RO <input type="checkbox"/> CD56 <input type="checkbox"/> CD57 <input type="checkbox"/> CD61 <input type="checkbox"/> CD68 <input type="checkbox"/> CD68 <input type="checkbox"/> CD71 <input type="checkbox"/> CD79a <input type="checkbox"/> CD99 <input type="checkbox"/> CD117 <input type="checkbox"/> CD123	<input type="checkbox"/> CD138 <input type="checkbox"/> CD163 <input type="checkbox"/> CDX2 <input type="checkbox"/> CEA (monoclonal) <input type="checkbox"/> Chromogranin <input type="checkbox"/> CK5 <input type="checkbox"/> CK5/6 <input type="checkbox"/> CK7 <input type="checkbox"/> CK8/18 <input type="checkbox"/> CK 19 <input type="checkbox"/> CK 20 <input type="checkbox"/> C-myc <input type="checkbox"/> CMV <input type="checkbox"/> Cyclin D1 <input type="checkbox"/> Cyclin <input type="checkbox"/> D2-40 <input type="checkbox"/> Desmin <input type="checkbox"/> DOG1 <input type="checkbox"/> E-cadherin <input type="checkbox"/> EMA <input type="checkbox"/> ER <input type="checkbox"/> ERG <input type="checkbox"/> Fli-1 <input type="checkbox"/> FoxP3 <input type="checkbox"/> FSH <input type="checkbox"/> FVIII r-ag <input type="checkbox"/> FXIIIa <input type="checkbox"/> Gastrin <input type="checkbox"/> GATA3 <input type="checkbox"/> GCDFP-15 <input type="checkbox"/> GH <input type="checkbox"/> Glycophorin C <input type="checkbox"/> Glypican 3 <input type="checkbox"/> Granzyme B <input type="checkbox"/> HBME <input type="checkbox"/> Hbs AG <input type="checkbox"/> HCG <input type="checkbox"/> Helicobacter <input type="checkbox"/> Hemoglobin <input type="checkbox"/> Hep Par <input type="checkbox"/> Her2 <input type="checkbox"/> HGAL <input type="checkbox"/> HHV-8 <input type="checkbox"/> HMB45 brown <input type="checkbox"/> HMB45 red <input type="checkbox"/> HPV <input type="checkbox"/> HSV <input type="checkbox"/> IDH-1 <input type="checkbox"/> IgA <input type="checkbox"/> IgD <input type="checkbox"/> IgG <input type="checkbox"/> IgG4 (IgG, IgG4) <input type="checkbox"/> IgM <input type="checkbox"/> Inhibin <input type="checkbox"/> INI-1 <input type="checkbox"/> INSM-1 <input type="checkbox"/> Insulin <input type="checkbox"/> Kappa <input type="checkbox"/> Ki67	<input type="checkbox"/> Ki67/Melan A Red <input type="checkbox"/> Lambda <input type="checkbox"/> LH <input type="checkbox"/> LMO2 <input type="checkbox"/> Lysozyme <input type="checkbox"/> Mammaglobin <input type="checkbox"/> Mast Cell Tryptase <input type="checkbox"/> MDM2 <input type="checkbox"/> Melan-A <input type="checkbox"/> Melan Red <input type="checkbox"/> MLH1 <input type="checkbox"/> MPO <input type="checkbox"/> MSA <input type="checkbox"/> MSH2 <input type="checkbox"/> MSH6 <input type="checkbox"/> MUC-6 <input type="checkbox"/> MUM-1 <input type="checkbox"/> Myo-D1 <input type="checkbox"/> Myogenin <input type="checkbox"/> Napsin <input type="checkbox"/> (Pan) Neurofilament <input type="checkbox"/> Neu-N <input type="checkbox"/> NKX3.1 <input type="checkbox"/> NPM1 <input type="checkbox"/> NSE <input type="checkbox"/> NUT <input type="checkbox"/> OCT2 <input type="checkbox"/> OCT3/4 <input type="checkbox"/> p16 <input type="checkbox"/> p40 <input type="checkbox"/> p53 <input type="checkbox"/> p57 <input type="checkbox"/> p63 <input type="checkbox"/> Pankeratin <input type="checkbox"/> PAPH <input type="checkbox"/> Parvovirus B19 <input type="checkbox"/> PAX-5 <input type="checkbox"/> PAX-8 <input type="checkbox"/> PD-1 <input type="checkbox"/> PGR <input type="checkbox"/> PGP 9.5 <input type="checkbox"/> PLA2R1 <input type="checkbox"/> PMS2 <input type="checkbox"/> Polyoma Virus <input type="checkbox"/> Prolactin <input type="checkbox"/> PSA <input type="checkbox"/> PTH <input type="checkbox"/> PU.1 <input type="checkbox"/> S-100 <input type="checkbox"/> SALL4 <input type="checkbox"/> Serotonin <input type="checkbox"/> SMA <input type="checkbox"/> SMM <input type="checkbox"/> SMM/P63 <input type="checkbox"/> SOX10 <input type="checkbox"/> SOX10 red <input type="checkbox"/> Sox11 <input type="checkbox"/> Spirochete <input type="checkbox"/> STAT-6	<input type="checkbox"/> Synaptophysin <input type="checkbox"/> TAG-72 <input type="checkbox"/> TCL-1 <input type="checkbox"/> TdT <input type="checkbox"/> Thyroglobulin <input type="checkbox"/> TIA-1 <input type="checkbox"/> TIM-3 <input type="checkbox"/> Toxoplasma gondii <input type="checkbox"/> TSH <input type="checkbox"/> TTF <input type="checkbox"/> Varicella-zoster <input type="checkbox"/> Vimentin <input type="checkbox"/> WT1  <p style="text-align: center;"><b>Predictive IHC Biomarkers</b></p> <input type="checkbox"/> Standard Breast Panel( ER, PGR, HER2) <input type="checkbox"/> DCIS (ER & PGR) <input type="checkbox"/> Breast HER2 <input type="checkbox"/> Gastric HER2 <input type="checkbox"/> Endometrial HER2 <input type="checkbox"/> MMR (MLH-1, MSH-2, MSH-6, PMS-2) <input type="checkbox"/> PD-L1, NSCLC, Pembrolizumab <input type="checkbox"/> PD-L1, NSCLC, Nivolumab <input type="checkbox"/> PD-L1, NSCLC, Cemiplimab <input type="checkbox"/> PD-L1, TNBC, Pembrolizumab <input type="checkbox"/> PD-L1, TNBC, Atezolizumab <input type="checkbox"/> PL-L1, Esophagus and GEJ, Pembrolizumab <input type="checkbox"/> PD-L1, Upper GI, Nivolumab <input type="checkbox"/> PD-L1, Cervix, Pembrolizumab <input type="checkbox"/> PD-L1, HNSCC, Pembrolizumab <input type="checkbox"/> PD-L1, NSCLC, Atezolizumab <input type="checkbox"/> PD-L1, NSCLC, Durvalumab <input type="checkbox"/> PD-L1, Urothelial carcinoma, Durvalumab <input type="checkbox"/> PD-L1, Other indication: _____ (Note: Please check with IHC laboratory for potential availability.) <input type="checkbox"/> Lung ALK/ROS1 <input type="checkbox"/> Pan-TRK  <p style="text-align: center;"><b>Diagnostic ISH Biomarkers</b></p> <input type="checkbox"/> EBER (EBV) <input type="checkbox"/> Lambda-ISH <input type="checkbox"/> Kappa-ISH  <p style="text-align: center;"><b>Prognostic ISH Biomarkers</b></p> <input type="checkbox"/> Breast ca HER2 SISH <input type="checkbox"/> Gastric ca HER2 SISH <input type="checkbox"/> Endometrial HER2 SISH  <p style="text-align: center;"><b>Neuropathology</b></p> <input type="checkbox"/> α Synuclein red <input type="checkbox"/> αB Crystallin <input type="checkbox"/> APP <input type="checkbox"/> β Amyloid <input type="checkbox"/> FUS/TLS <input type="checkbox"/> GFAP <input type="checkbox"/> Tau <input type="checkbox"/> Tau red <input type="checkbox"/> TDP-43 <input type="checkbox"/> Ubiquitin	<p style="text-align: center;"><b>Skin(Fresh Frozen)</b></p> <input type="checkbox"/> FITC IgA <input type="checkbox"/> FITC IgG <input type="checkbox"/> FITC IgM <input type="checkbox"/> FITC C3 <input type="checkbox"/> FITC Fib  <p style="text-align: center;"><b>Kidney (Fresh Frozen)</b></p> <input type="checkbox"/> C4d <input type="checkbox"/> FITC IgA <input type="checkbox"/> FITC IgG <input type="checkbox"/> FITC IgM <input type="checkbox"/> FITC C3 <input type="checkbox"/> FITC Albumin <input type="checkbox"/> FITC Kappa <input type="checkbox"/> FITC Lambda <input type="checkbox"/> FITC C1Q  <p style="text-align: center;"><b>Muscle (Frozen Tissue Only)</b></p> <p style="text-align: center;"><b>IMMUNOHISTOCHEMISTRY</b></p> <input type="checkbox"/> C5b-9 <input type="checkbox"/> Dystrophin 1 <input type="checkbox"/> Dystrophin 2 <input type="checkbox"/> Dystrophin 3 <input type="checkbox"/> b Dys <input type="checkbox"/> MHC-1 <input type="checkbox"/> Merosin <input type="checkbox"/> a-Sarcoglycan <input type="checkbox"/> b-Sarcoglycan <input type="checkbox"/> d-Sarcoglycan <input type="checkbox"/> Spectrin <input type="checkbox"/> Utrophin  <p style="text-align: center;"><b>Muscle (Frozen Tissue Only)</b></p> <p style="text-align: center;"><b>HISTOCHEMISTRY</b></p> <input type="checkbox"/> ACP <input type="checkbox"/> AD <input type="checkbox"/> ALP <input type="checkbox"/> ATP <input type="checkbox"/> CO <input type="checkbox"/> Congo Red <input type="checkbox"/> Gomori trichome <input type="checkbox"/> PAS <input type="checkbox"/> PAS-D <input type="checkbox"/> PFK <input type="checkbox"/> Phosphorylase <input type="checkbox"/> NADH <input type="checkbox"/> NSE <input type="checkbox"/> ORO <input type="checkbox"/> SDH
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**Specimen Requirements:**

- **Paraffin Blocks** with formalin-fixed tissue (+/- decal). If the tissue was decalcified, please state the type of decal reagent and the time of decalcification.
- **Unstained Slides.** Preferred Slide Type: VWR Superfrost. Please cut tissue at 4 microns with tissue section placed in the middle of slide, slide not baked. Mandatory requirement for slide labeling: slide labeled by 2 patient's identifiers and the date when they were cut.
- **Frozen tissue** histochemistry requires snap frozen samples to be sent on dry ice.

**Acceptable Materials to be sent:**

See above. Note: our assays are validated only for clinical testing of human samples. We do not accept tissue scrolls for this testing.

**Materials sent for Diagnosis by SHA:**

These types of cases will be stained and seen by an SHA Pathologist and they will make a diagnosis from the slides A report will be sent the above requesting physician.

**Materials for staining only:**

These cases will only be stained by SHA Immunohistochemistry Lab and sent back to the referring physician for diagnosis.

**Block(s), Slides and Pathology report will be return to the Ordering Physician at the address on page 1.**

**Physician Consults:** SHA Pathologists are available to discuss appropriate testing and test ordering with ordering physician.

**Shipping Address:**

Saskatoon City Hospital  
Dept. of Pathology Laboratory  
701 Queen Street  
Saskatoon, SK  
S7K 0M7

**Contact Us:**

IHC Laboratory Phone: (306)-655-8569  
Clerical Phone: (306)655-8398  
Fax: (306)-655-8399  
Monday- Friday 06:00-15:30