

## Request for Additional Testing

### IHC Stains

BAP-1	CD56 (123C3) mAb	HHV-8
BCL-2	CD68	HSV1
BCL-6	CD79A	HSV2
BRAF V600e (VE1)	CD123	Ki-67
CD1a (MTB1a)	CEA MONO	Red Melan A
CD3	Chromogranin A	P63
CD4	CK 5/6	PAX-5
CD5	CK7	Red S-100
CD7	CK20	SMA (Actin)
CD8	CK CAM	SOX-10
CD10	CK PAN	SOX-11
CD20	D2-40	Synatophysin
CD21	Desmin	Treponema Pallidum
CD30	EMA	Tryptase
CD31	EP-CAM (Ber-Ep4)	Red TTF-1
CD34	Factor XIIIa	Vimentin
CD43	H-Caldesmon	VZV (ASR)
CD45 (LCA)	Red HMB-45	

### Dual Stains

Ki-67/Melan A  
PAX-5/CD30  
PAX-5/CD5

### ISH Stains

Eber  
Kappa  
Lamda

### Special Stains

AFB II  
GMS II  
Iron  
Brown Hopps Gram  
Colloidal Iron  
Fite's for Acid Fast  
Fontana Masson  
Von Kossa  
Verhoeff's Elastic

\*\*\*\*All stains above this line are performed  
in-house

\*\*\*\*\*

### Molecular Testing Send Outs

TCR Gamma Gene Rearrangement (NGS) testing (Performed at the BJH Molecular Diagnostics Lab)  
BRAF Gene Mutation Analysis for Melanoma (V600 E/K) (Performed at LabCorp Oncology)

### Other Testing Requested:

\_\_\_\_\_

\_\_\_\_\_

**Date of Request:** \_\_\_\_\_ **Accession#** \_\_\_\_\_

**Patient's Name/DOB:** \_\_\_\_\_

**Requesting Clinician:** \_\_\_\_\_

**Authorized Individual Submitting Request:** \_\_\_\_\_

**Authorized Individual Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please email this form to [dermpathadmin@path.wustl.edu](mailto:dermpathadmin@path.wustl.edu) to initiate the request.