

## External ICC Request Form

PATIENT DETAILS				REFERRAL DETAILS	
Surname				Block/ slide number	
Forename				Tissue type	
D.O.B		Sex			
Address				Pathologist	
				Hospital	
NHS Number				Date sent	

ANTIBODY	ANTIBODY	ANTIBODY	ANTIBODY	ANTIBODY
34BE12	CD15	DOG-1	MAP2	PLAP
ACTH	CD20	E Cadherin	MLH-1	PMS-2
AE1/AE3	CD21	EMA	MLH-6	PR
AFP	CD23	ER	MSH-2	Prolactin
ALK1	CD30	ERG	Melan A	PSAP (PAPH)
Annexin A1	CD31	Factor VIII (vWF)	Mel C	RACEMASE
APP	CD34	FSH	Mesothelin	Renal IgA
A-Synuclein	CD38	GATA3	MITF	Renal IgG
ATRX	CD43	GCDFP	MOC31	Renal IgM
BAP1	CD45 (LCA)	GFAP	MNF116	Renal C3
BCAP	CD56	GH	MUM1	S100
BCL 2	CD57	Granzyme B	Myeloperoxidase	SMA
BCL 6	CD68	H3K27M	MyoD1	SOX10
Beta Catenin	CD79a	H3K27me3	Myogenin	STAT6
Berep4	CD99	HCG	Napsin	Synaptophysin
BKV (SV40)	CD117 (C Kit)	Hepatocyte	NeuN	Tau
BOB 1	CD123	HER-2	NF	TdT
C3c	CD138	HHF35	NKX3.1	T-Mod
CA125	CDX2	HMB45	NSE	Thyroglobulin
Calcitonin	CEA (mono)	ICOS	OCT 2	TIA-1
Caldesmon	Chromogranin A	IDH-1	OCT 3/4	TSH
Calponin	CK5/6	IgA	P16	TTF-1
Calretinin	CK7	IgD	P40	Vimentin
Cam 5.2	CK19	IgG	P53	WT1
CD1a	CK20	IgM	P63	ZAP-70
CD2	CMV	Inhibin	PAPH	
CD3	C-Myc	INI-1	PAX 5	
CD4	Cyclin D1	Kappa	PAX8	
CD5	D2-40	Ki67	PDL-1 22C3	ISH Test: EBER
CD7	DBA44	Lambda	PDL-1 28.8	
CD8	D2-40	LH	PD-1	PDL-1 - Contact: 029 21841601
CD10	Desmin	Lysozyme	PGP 9.5	

Please send block or 2 slides per antibody (4µm sections) on coated slides to:

**ICC Cellular Pathology**  
**University Hospital of Wales**  
**Heath Park**  
**Cardiff**  
**CF14 4XW**  
**Tel: 029 21842135**

Date received:	
1st check:	
Final check:	
Date out:	