

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	CD20	E Cadherin	MLH-1	PR
ACTH	CD21	EMA	MLH-6	Prolactin
AE1/AE3	CD23	ER	MSH-2	PSAP (PAPH)
AFP	CD30	ERG	Melan A	RACEMASE
ALK1	CD31	Factor VIII (vWF)	Mel C	Renal IgA
APP	CD34	FSH	Mesothelin	Renal IgG
A-Synuclein	CD38	GATA3	MITF	Renal IgM
ATRX	CD43	GCDFP	MOC31	Renal C3
BAP1	CD45 (LCA)	GFAP	MNF116	S100
BCAP	CD56	GH	MUM1	SMA
BCL 2	CD57	Granzyme B	Myeloperoxidase	SOX10
BCL 6	CD68	H3K27M	MyoD1	STAT6
Beta Catenin	CD79a	H3K27me3	Myogenin	Synaptophysin
Berep4	CD99	HCG	Napsin	Tau
BKV (SV40)	CD117 (C Kit)	Hepatocyte	NeuN	TdT
BOB 1	CD123	HER-2	NF	T-Mod
C3c	CD138	HHF35	NKX3.1	Thyroglobulin
CA125	CDX2	HMB45	NSE	TIA-1
Calcitonin	CEA (mono)	ICOS	Oct 2	TSH
Caldesmon	Chromogranin A	IDH-1	OCT 3/4	TTF-1
Calponin	CK5/6	IgA	P16	Vimentin
Calretinin	CK7	IgD	P40	WT1
Cam 5.2	CK19	IgG	P53	ZAP-70
CD1a	CK20	IgM	P63	
CD2	CMV	Inhibin	PAPH	
CD3	C-Myc	INI-1	PAX5	
CD4	Cyclin D1	Kappa	PAX8	
CD5	D2-40	Ki67	PDL-1 22C3	
CD7	DBA44	Lambda	PDL-1 28.8	ISH Test: EBER
CD8	D2-40	LH	PD-1	
CD10	Desmin	Lysozyme	PLAP	PDL-1 - Contact: 029 21841601
CD15	DOG-1	MAP2	PMS-2	

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:	