

Institute		Patient's Name	
Institute Code		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Referring Doctor		Date of birth	(YYYY / MM / DD)
Date requested	(YYYY / MM / DD)	Registration No.	
Institute Phone		Age / Gender	/

Molecular pathology test (FISH)

Test code	Test item(s)	Test code	Test item(s)
<input type="checkbox"/> W546	ALK FISH (Fluorescence in situ hybridization)	<input type="checkbox"/> W548	MDM2 FISH (Fluorescence in situ hybridization)
<input type="checkbox"/> W547	HER2 FISH (Fluorescence in situ hybridization)		

Immunohistochemical stains

<input type="checkbox"/> ALK-1 <input type="checkbox"/> Bcl-2 <input type="checkbox"/> Bcl-6 <input type="checkbox"/> Calponin <input type="checkbox"/> Calretinin <input type="checkbox"/> CD10 <input type="checkbox"/> CD138 <input type="checkbox"/> CD15 <input type="checkbox"/> CD163 <input type="checkbox"/> CD1a <input type="checkbox"/> CD20 <input type="checkbox"/> CD21 <input type="checkbox"/> CD23 <input type="checkbox"/> CD3 <input type="checkbox"/> CD30 <input type="checkbox"/> CD31 <input type="checkbox"/> CD34 <input type="checkbox"/> CD4 <input type="checkbox"/> CD45/LCA <input type="checkbox"/> CD5 <input type="checkbox"/> CD56 <input type="checkbox"/> CD68 <input type="checkbox"/> CD79a	<input type="checkbox"/> CD8 <input type="checkbox"/> CD99 <input type="checkbox"/> CEA <input type="checkbox"/> Chromogranin A <input type="checkbox"/> CK (AE1/AE3) <input type="checkbox"/> CK19 <input type="checkbox"/> CK20 <input type="checkbox"/> CK5/6 <input type="checkbox"/> CK7 <input type="checkbox"/> c-KIT (CD117) <input type="checkbox"/> CMV <input type="checkbox"/> CyclinD1 <input type="checkbox"/> D2-40 <input type="checkbox"/> Desmin <input type="checkbox"/> DOG-1 <input type="checkbox"/> E-cadherin <input type="checkbox"/> EGFR <input type="checkbox"/> EGR-1 <input type="checkbox"/> EMA <input type="checkbox"/> ER (Estrogen Receptor) <input type="checkbox"/> Factor VIIIa <input type="checkbox"/> Galectin 3 <input type="checkbox"/> GATA3	<input type="checkbox"/> HBME-1 <input type="checkbox"/> HER-2 (C-erb B2) <input type="checkbox"/> HHV8 <input type="checkbox"/> HMB45 <input type="checkbox"/> HMW-CK <input type="checkbox"/> HSV <input type="checkbox"/> IgG <input type="checkbox"/> IgG4 <input type="checkbox"/> Inhibin <input type="checkbox"/> Kappa <input type="checkbox"/> Ki-67 <input type="checkbox"/> Lambda <input type="checkbox"/> Melan A <input type="checkbox"/> MLH1 <input type="checkbox"/> MPO <input type="checkbox"/> MSH2 <input type="checkbox"/> MSH6 <input type="checkbox"/> MUC2 <input type="checkbox"/> MUC5AC <input type="checkbox"/> MUC6 <input type="checkbox"/> Mum-1 <input type="checkbox"/> Myogenin <input type="checkbox"/> OCT-2	<input type="checkbox"/> OCT3/4 <input type="checkbox"/> p16 <input type="checkbox"/> p40 <input type="checkbox"/> P504S <input type="checkbox"/> p53 <input type="checkbox"/> p57 <input type="checkbox"/> p63 <input type="checkbox"/> PAX5 <input type="checkbox"/> PAX8 <input type="checkbox"/> PR (Progesterone receptor) <input type="checkbox"/> PSA <input type="checkbox"/> S-100 <input type="checkbox"/> SMA (Smooth Muscle Actin) <input type="checkbox"/> SOX10 <input type="checkbox"/> Synaptophysin <input type="checkbox"/> TdT <input type="checkbox"/> TIA-1 <input type="checkbox"/> Transthyretin <input type="checkbox"/> TTF-1 <input type="checkbox"/> Vimentin <input type="checkbox"/> WT1 <input type="checkbox"/> PD-L1 IHC 22C3 PharmDx
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Clinical history, Specimen source and diagnosis

· Please fill in all columns carefully without missing any part