

Order form for special stains and immunohistochemical stains on Medical Examiner cases

Case number: _____

Case pathologist: _____

Order date: _____

Please check the appropriate boxes in the table below.

Stain/Block	2B1	2B2	2B3	2B4	2B5	2B6	2B7	2B8	2B9	2B10		
GFAP												
Iba1												
CD68												
CD163												
Neurofilament												
NeuN												
CD3												
Beta-amyloid												
P-Tau (PHF1)												
P-TDP43												
Alpha-synuclein												
P62												
Bielschowsky												
LFB-CV												
LFB-PAS												

Drop slides and order form off in the Neurohistology lab (Scaife S757)

For lab use only:

Date received: _____

Date completed: _____

Date invoice submitted: _____

Final charges: _____