

IMMUNOHISTOCHEMISTRY SUBMISSION FORM

Joy Cramer, HT (ASCP)

Manager

Diagnostic Immunohistology Laboratory

C2 569 Schurman Hall

Ithaca, New York 14853-6401

Voice Mail: (607) 253-4334

e-mail: jmc21@cornell.edu

USE THIS FORM ONLY FOR REQUESTS FROM A VETERINARY PATHOLOGIST WHO HAS EXAMINED AN H&E SECTION AND **DOES NOT REQUIRE AN INTERPRETATION.**

PLEASE FILL OUT THIS FORM COMPLETELY – TYPE OR USE **BLACK** INK ONLY

CONTACT INFORMATION

Pathologist (required)			
Laboratory			
Address			
	city	state	zip
e-mail			
Telephone Number			
FAX Number			

PRICES

\$60 per antibody (1 -2 blocks or slides)

\$150 per leukocyte panel or muscle panel
(contact lab for details)

Animal's Name or No.: _____ Species: _____

Tissues Submitted: _____

All tissues, blocks and slides with appropriate controls will be returned to the submitter. If submitting slides, please provide 10 slides for a panel or two slides/antibody requested.

Test(s) Requested - circle or place checkmark next to antibody (other tests are available on a limited basis; contact the laboratory manager for more information)

Leukocyte panel	Inhibin	Vimentin	Leptospira
Muscle panel	Insulin	von Willebrand Factor	Listeria
AE1/AE3 (pancytokeratin)	Lysozyme		Minute Parvovirus
ACTH	Melan A	INFECTIOUS AGENTS	Neospora
Alpha-1-antitrypsin	Muscle actin	Adenovirus	Parvovirus/Panleukopenia
Beta amyloid precursor	Myoglobin	Borellia bergdorferi	Papillomavirus
Calcitonin	Neurofilament	BRSV	Rabies
Calponin	Parathyroid hormone	BVD	Toxoplasma
CD31 (PECAM-1)	PCNA	Bovine coronavirus	West Nile Virus
CD117	Sarcomeric actin	Chlamydia	
Chromagranin A	S100	Canine Distemper Virus	
Clara cell	Smooth muscle actin	EEE	
Desmin	Somatostatin	EHV	
Gastrin	SP-A (surfactant)	FIP	
GFAP	Synaptophysin	Feline calicivirus	
Glucagon	Thyroglobulin	IBR (BHV-1)	

SIGNATURE OF REFERRING PATHOLOGIST _____

For Laboratory Use Only

No. Cassettes or Slides Received
Date/initials:

Comments