

Animal Health Trust

Diagnostic Laboratory Services

Lanwades Park, Kentford, Newmarket, Suffolk CB8 7UU
 Tel: 01638 552993 Fax: 01638 555643 E-mail: diagnostics@aht.org.uk



Immunohistochemistry

PLEASE COMPLETE IN **BLOCK CAPITALS** USING BLACK OR BLUE PEN

Submitting Pathologist _____
 Submitting Lab _____
 Address _____

 Tel No. _____
 Email _____

Animal Name _____
 Owner Name _____
Species Equine Canine Feline Other
Gender Male Female
Status Entire Neutered
 Age _____ Breed _____
 Date Sampled _____
 Previous sample from this animal Yes No
 Previous AHT Number _____

Sample types submitted
 Paraffin Block
 Slides
Required Procedure
 Immunohistochemistry with Pathology Report
 Immunohistochemistry without Pathology Report

Please indicate below which antibody marker is required

AHT Pathologist to recommend antibodies

CELL PHENOTYPE MARKERS

<input type="checkbox"/> Cytokeratin <small>pan-cytokeratin</small>	<input type="checkbox"/> CD31
<input type="checkbox"/> Vimentin	<input type="checkbox"/> GFAP
<input type="checkbox"/> CD3	<input type="checkbox"/> Synaptophysin
<input type="checkbox"/> CD20	<input type="checkbox"/> NSE
<input type="checkbox"/> CD18	<input type="checkbox"/> Chromogranin
<input type="checkbox"/> IBA-1	
<input type="checkbox"/> MUM-1	
<input type="checkbox"/> Mast Cell	
<input type="checkbox"/> Tumour Trypsase	
<input type="checkbox"/> c-KIT <small>CD117</small>	
<input type="checkbox"/> Melan-A	
<input type="checkbox"/> PNL-2	
<input type="checkbox"/> S-100	
<input type="checkbox"/> Desmin	
<input type="checkbox"/> Smooth Muscle Actin	
<input type="checkbox"/> Von Willebrand Factor <small>Factor VIII Related Antigen</small>	

PROGNOSTIC MARKERS

Ki-67
 MCM-7

INFECTIOUS AGENTS

EHV
Equine Herpesvirus

Distribution of Lesions/Sampled Sites
 (Number if greater than one sample)

Consultation with a pathologist will allow choosing the appropriate immunohistochemical tumour panel.
 We are continually updating our range of antibodies. Please contact us to discuss your specific requirements.

Sample Site

History/Signs/Initial Findings/Differential Diagnosis/Other Tests:
 (please attach any additional information and if applicable the light-microscope report)

Please tick box if samples **CANNOT** be used for anonymous surveillance or research

Please Note:-
 AHT pathologists may add antibodies to your selection, if deemed necessary for a diagnosis.

FOR LAB USE ONLY

Received by: _____
 Entered by: _____
 Pathologist: _____