

NORTH BAY HISTOLOGY LAB, INC.

FAX: (415) 883-3842

SPECIAL REQUEST FORM

Log #

Recuts:		Serial Sections:	
Step Sections:		Unstained Slides:	
SEND BLOCKS TO:			
SEND SLIDES TO:			

Doctor's File No.:	
Patient's Last Name:	
Biopsy Area:	
Biopsy Date:	
Name of Doctor:	

√	Name of Stain	Method Used
	Acid Mucopolysaccharides	Colloidal Iron Modification
	AFB Stain	Ziehl-Neelsen's Method
	AFB	Fite's Method
	Alcian Blue (for mucin)	Alcian Blue, pH 2.5
	Argentophile Granules	Fontana's Masson Stain
	Bodian Stain (nerve fibers)	Bodian's Method
	C.N.S. for Muscle Tissue	PTAH Method
	Calcium Stain	Kossa Method
	Congo Red for Amyloid	Congo Red Method
	Copper Stain	Rhodanine Method
	DNA Stain	Feulgen Reaction
	Elastic Fibers	Orcein-Giemsa (O.G.)
	Elastic Fibers	Van Gieson Method (EVG)
	Fat Stain	Oil Red O Method
	Fe Stain	Gomori's or Perl's Method
	Fungus Stain	Grocott's Method (GMS)
	Giemsa Stain	May Grunwald (modified)
	Gram positive/negative	Brown - Brenn Method
	Helicobacter (HP)	Giemsa's Method
	Mast Cells Stain	Toluidine Blue
	Melanin Bleach	Lillie's Method
	Mucicarmine Stain	Mayer's Mucicarmine
	Myelin Stain	Luxol Fast Blue
	Pap Stain	OG 6 & EA 50
	PAS Stain	Periodic Acid Schiffs
	PAS with Digestion	Lillie's Method
	Reticulum Stain	Snook's Method
	Spirochete	Steiner's Method
	TRI (connective tissue)	Masson's Trichrome

Box of 130 specimen bottles with formalin
Special request forms (pad of 100)
Immunoperoxidase study forms (pad of 100)
Insurance billing forms (pad of 100)
Notice to patients (explanation of billing etc.)
Red vial labels
FedEx labels
Pink slips (number of specimen bottles enclosed)

Signed off by: _____

Total Slides: _____	Date: _____
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