



## Request for New Antibodies for Clinical Immunohistochemistry

(Please email completed requests)

Requesting Pathologist: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE USE ONE FORM FOR EACH ANTIBODY.** The lab will assume that the faculty requesting a specific antibody knows or has read the most, or has the most experience, about it of anyone else in the department and will have the following questions in order to rapidly develop the antibody for clinical use. Therefore, please fill in **as completely as possible**. Incomplete information may result in delays, e.g., the wrong antibody being ordered, validated and selected, or uninterpretable results.

ANTIBODY NAME: \_\_\_\_\_

F.S.

Paraffin

Polyclonal

Monoclonal: clone # \_\_\_\_\_

VENDOR (source): \_\_\_\_\_

DILUTION / AG RETRIEVAL (if known): \_\_\_\_\_

Appropriate positive and negative control tissue (with block #): \_\_\_\_\_

Please describe expected appropriate Positive and Negative reactions so the antibody can be titrated (e.g., nuclear, cytoplasmic, membranous):

Frequency of Use:

Clinical Utility:

If requesting faculty has NO PRIOR EXPERIENCE with the antibody, please PROVIDE PUBLISHED REFERENCES with staining protocols and clinical use:

**NOTE:** If **Frequency of Use** and **Clinical Utility** are left blank, it may lead to the assumption that there may be little or no clinical utility and infrequent or rare clinical use.