



**Advanced  
Clinical Laboratories**

*“Focusing on Anatomic Pathology”*

1138 Wilshire Blvd., Suite 305, LA, CA 91007

Tel: (213) 250-8017 • Fax: (213) 250-8019

## Special Stain Request

Accession Number: \_\_\_\_\_ Block Number: \_\_\_\_\_ Date: \_\_\_\_\_ MM / DD / YEAR

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Collection Date: \_\_\_\_\_

Ordering Pathologist: \_\_\_\_\_ Hospital/Facility: \_\_\_\_\_ Other: \_\_\_\_\_

If you would like Advanced Clinical Laboratories to bill Third Party, please attach Billing Information

- |  |  |
|--|--|
| <input type="checkbox"/> Acid-Fast Bacilli (Fite Stain)      | <input type="checkbox"/> Iron Stain (Prussian Blue)          |
| <input type="checkbox"/> Acid-Fast Bacilli (Ziehl - Nielsen) | <input type="checkbox"/> Mucicarmine                         |
| <input type="checkbox"/> Alcian Blue pH 2.5                  | <input type="checkbox"/> PAS (Periodic Acid-Schiff Reaction) |
| <input type="checkbox"/> Alcian Yellow                       | <input type="checkbox"/> PAS with Diastase                   |
| <input type="checkbox"/> Colloidal Iron                      | <input type="checkbox"/> PAS (for Bone Marrow Smears)        |
| <input type="checkbox"/> Congo Red for Amyloid               | <input type="checkbox"/> PAS (for Fungus)                    |
| <input type="checkbox"/> Elastic Stain - Verhoeff's          | <input type="checkbox"/> Reticulin Stain                     |
| <input type="checkbox"/> Fontana-Masson Silver               | <input type="checkbox"/> Steiner Stain                       |
| <input type="checkbox"/> Giemsa                              | <input type="checkbox"/> Trichrome Stain (Masson's)          |
| <input type="checkbox"/> GMS for Fungus                      | <input type="checkbox"/> Von Kossa                           |
| <input type="checkbox"/> GMS-Pneumocystis - Meth Silver      | <input type="checkbox"/> Warthin Starry                      |
| <input type="checkbox"/> Gram Stain                          | <input type="checkbox"/> Wright - Giemsa                     |
| <input type="checkbox"/> Other _____                         | <input type="checkbox"/> Other _____                         |