



MASSACHUSETTS
GENERAL HOSPITAL



HARVARD
MEDICAL SCHOOL

Immunohistochemistry laboratory
Department of Pathology
55 Fruit Street, Warren 5
Boston, Massachusetts 02114-2696

REQUEST FOR NEW ANTIBODY TEST DEVELOPMENT

Requesting Staff:

Antibody Requested:

Antibody Source: (if known):

Suggested Control Tissue:

- **Surgical numbers of at least 10 positive cases:**

- **Surgical numbers of at least 10 negative cases:**

Date Submitted:

How many Tests would be ordered per Year (approximation):

Diagnostic Utility of the Test:

FOR IHC LAB USE ONLY

Date Approved: _____

Date Project Completed: _____



HealthCare System Member

