

LIST OF IMMUNOHISTOCHEMISTRY MARKERS

1. ALK 1	23. CD 43	45. DOG 1	68. Mum 1
2. Alpha Feto Protein	24. CD 5	46. EGFR	69. MPO
3. Bcl-2	25. CD 56	47. EMA	70. Myogenin
4. Bcl-6	26. CD 57	48. Estrogen receptor	71. Myoglobin
5. Beta HCG	27. CD 68	49. Factor VIII	72. NSE
6. Beta Catenin / E-cadherin	28. CD 79a	50. GCDPF 15	73. Oct 2
7. CA 125	29. CD 8	51. GFAP	74. Osteopontin
8. Calcitonin	30. CD 99 (mic2)	52. Glypican 3	75. p53
9. Calponin	31. CDX2	53. Hep Par 1	76. p63
10. Calretinin	32. C-erbB-2 (Her-2-neu)	54. HPV	77. Pax 5
11. CD 10	33. CEA	55. H Pylori	78. Placental alkaline Phosphatase
12. CD 117 (c-kit)	34. Chromogranin A	56. HMWCK	79. Progesterone receptor
13. CD 138	35. CK 5/6	57. Inhibin – Alpha	80. PSA
14. CD 15	36. CK 8	58. Insulin	81. Prostatic Acid Phosphatase
15. CD 1a	37. CK 10	59. Kappa	82. S100 Protein
16. CD 20	38. CK 19	60. Ki 67	83. SMA
17. CD 21	39. Cyclin D1	61. Lambda	84. Synaptophysin
18. CD 23	40. CK 7	62. LCA	85. Tdt
19. CD 3	41. CK 19	63. Lysozyme	86. Thyroglobulin
20. CD 30	42. CK 20	64. Melan A	87. TTF-1
21. CD 31	43. Pancytokeratin (AE1 / AE3)	65. HMB 45	88. Vimentin
22. CD 34	44. Desmin	66. Mesothelin	89. WT – 1
		67. MOC 31	

Metropolis Healthcare Ltd. is a pioneer in the referral laboratory field. Metropolis has grown since 1981 to become India's leading multinational chain of diagnostic centres. With **85 state-of-the-art laboratories** across the country and abroad, it caters to more than **10,000 labs**, nursing homes and hospitals and to over **20,000 consultants**. Metropolis' illustrious history establishes its commitment to providing cutting edge solutions.

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IMMUNOHISTOCHEMISTRY AT METROPOLIS

Immunohistochemistry was introduced in Metropolis in the year 2003 with a modest beginning consisting of just 5 markers. Today our panel includes over 90 markers and the list is steadily expanding with the clinicians' needs and demands.

Immunohistochemistry has become the pathologist's first ancillary test, and it is invaluable in assessing tumour type, and other features of prognostic and therapeutic importance. This menu provides information that will provide accurate diagnosis and hence enable more precise therapeutic decisions.

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ABOUT IMMUNOHISTOCHEMISTRY

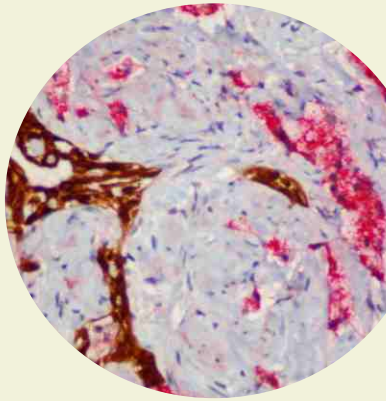
Immunohistochemistry is the technique used to localize specific antigens in tissue sections or smears based on recognition of the antigen antibody reaction, with the help of a labeling system, which enables visualization on light microscopy.

The antigen - antibody interactions are visualized using a marker enzyme which gives a stable brown end product.

In Metropolis, IHC has been performed manually / on the Thermo Scientific Labvision Autostainer 480 S.

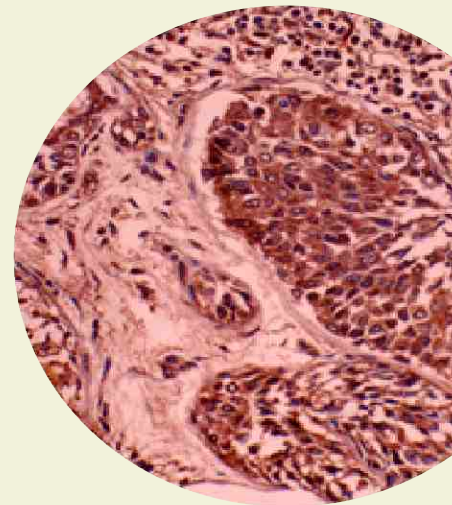
COMPREHENSIVE IHC PANELS ARE AVAILABLE FOR

- Carcinoma of unknown primary work up
- Hodgkin and Non-Hodgkin lymphoma
- Small round cell tumour
- Breast – Diagnostic, predictive, prognostic and therapeutic markers
- Hematolymphoid malignancies
- Hepatobiliary and Gastrointestinal malignancies
- Male and Female Genital tract malignancies
- Urogenital tract malignancies
- Soft tissue lesions
- Neuropathology
- Endocrine malignancies
- Dermatologic malignancies



IMMUNOHISTOCHEMISTRY CAN BE PERFORMED ON

- Formalin fixed tissue
- Paraffin blocks
- Frozen sections
- Cytology smears and cell block
- LBC preparation



Introducing

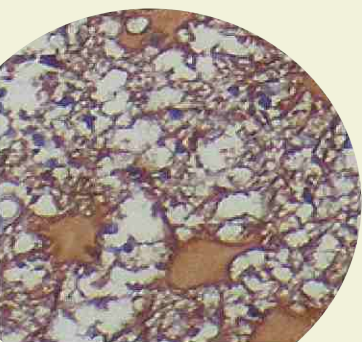
A. IHC Multiplex

The panels available are

- Pin 4 Cocktail (CK5 + CK14 + p63 + P504S) – For Prostate carcinoma
- Napsin A and Desmoglein 3 – For Lung Adenocarcinoma v/s Squamous cell carcinoma
- CD 4 and CD 8
- CD 20 and CD 3
- Kappa and Lambda

B. CISH (Chromogenic in situ hybridization)

- HPV (16/18/31/33/35/45/51/82 Probe)
- CMV Probe
- EBV Probe (For EBER)



GUIDELINES FOR TISSUE FIXATION

- The ideal fixative for IHC is 10% Neutral Buffered Formalin (NBF)
- As Bouin's fluid interferes with IHC staining it is best avoided
- Specimen should be immersed in fixative within one hour of the biopsy or resection procedure. The tumour should be bisected prior to immersion in fixative
- The volume of fixative required is 10 times the volume of the tissue

Note: ER/PR - The specimen should be fixed for at least 6 hours up to a maximum of 72 hours

C- erbB-2 (Her-2-neu) - The specimen should be fixed for at least 6 hrs upto a maximum of 48 hrs.

GUIDELINES FOR CASE SUBMISSION

- Specimen – Representative optimally fixed wet tissue or optimally processed paraffin block
- Original H&E report copy
- Relevant clinical and radiology details especially in Orthopedic and Neurological cases

