**Immunohistochemistry (IHC) Workshop - application form**

Name:.........................................................................................................................

e-mail address:............................................................................................................

Institution:..................................................................................................................

Mailing address:.........................................................................................................

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Current volume of surgical pathology / year:............................................................

Do you currently do IHC?:............................................................................................

If yes, what is the volume of IHC / year?.....................................................................

What is the spectrum of antigens tested for?..............................................................

(a) Epithelial markers.......................................................................................

(b) Lymphoid markers......................................................................................

(c) Neuroendocrine markers............................................................................

(d) Neural markers............................................................................................

(e) Germ cell markers........................................................................................

(f) Pituitary markers..........................................................................................

(g) Soft tissue / spindle cel markers..................................................................

(g) Organ specific markers e.g. PSA....................................................................

(i) Others............................................................................................................

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If you don’t do IHC, are you proposing to start one?....................................................

**Return completed form to Skye Wilson,** [**admin@aortic-africa.org**](mailto:admin@aortic-africa.org)