**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**