

REQUIRED ITEMS

1. Clinical Information 2. ICD 10 Codes 3. Face Sheet (Front and Back Copy of the Patient's Insurance Card and Demographic Information) 4. Provider's Signature

PATIENT INFORMATION

Last Name _____

First Name _____ M.I. _____

DOB ____/____/____ Gender: Male Female Other _____

Address _____

City _____ State _____ Zip _____

Phone _____ Patient ID _____

PROVIDER INFORMATION

Authorized Signature _____ Date _____

Please Fax Duplicate Report to Provider _____ Fax _____

BILLING INFORMATION

Bill to: Insurance Medicare Referring Facility (Hospital/Client) Split Billing - Client (TC) and Insurance (PC) Patient

Patient Status: Inpatient (Hospital) Outpatient (Hospital) Non-Hospital ASC Prior Authorization # _____

CLINICAL INFORMATION

Indication(s) for Testing: _____

ICD-10 Codes: _____

SPECIMEN INFORMATION

Date Collected ____/____/____ *BREAST ONLY* Cold ischemic time < 1 hour? Yes No *CELL BLOCKS* # of Blocks _____

Time Collected ____:____:____ AM PM Formalin fixation duration 6-72 hours? Yes No *TISSUE BLOCKS* # of Blocks _____

Date Retrieved ____/____/____ *TISSUE BLOCKS* # of Blocks _____ *SLIDES* # Stained _____ Stain Type _____

Date Discharged ____/____/____ *TISSUE BLOCKS* Tissue Type _____ *SLIDES* # Unstained _____

Specimen ID _____

STAINS REQUESTED

Please select service: Global TC

<input type="checkbox"/> ADH5	<input type="checkbox"/> CDX2/CK7 Double Stain	<input type="checkbox"/> HPL	<input type="checkbox"/> PD1
<input type="checkbox"/> Adrenocorticotrophic Hormone	<input type="checkbox"/> CEA (M)	<input type="checkbox"/> IDH1	<input type="checkbox"/> Perforin
<input type="checkbox"/> AE1/AE3 (Pan Cytokeratin)	<input type="checkbox"/> CEA (P)	<input type="checkbox"/> Inhibin	<input type="checkbox"/> PHH3
<input type="checkbox"/> AFP	<input type="checkbox"/> Chromogranin A	<input type="checkbox"/> INI1	<input type="checkbox"/> PLAP
<input type="checkbox"/> Alpha 1-Antichymotrypsin	<input type="checkbox"/> CK5/6	<input type="checkbox"/> Insulin	<input type="checkbox"/> Prolactin
<input type="checkbox"/> Amyloid A	<input type="checkbox"/> CK7	<input type="checkbox"/> LH	<input type="checkbox"/> PSA
<input type="checkbox"/> Amyloid A&P Panel	<input type="checkbox"/> CK19	<input type="checkbox"/> Mammaglobin	<input type="checkbox"/> PSAP
<input type="checkbox"/> Amyloid P	<input type="checkbox"/> CK20	<input type="checkbox"/> MART-1	<input type="checkbox"/> PSMA
<input type="checkbox"/> ALK, D5F3 (Lung, FDA)	<input type="checkbox"/> Collagen IV	<input type="checkbox"/> MDM2	<input type="checkbox"/> PTH
<input type="checkbox"/> Annexin A1	<input type="checkbox"/> D240	<input type="checkbox"/> Melan A	<input type="checkbox"/> RCC1
<input type="checkbox"/> Arginase 1	<input type="checkbox"/> Desmin	<input type="checkbox"/> Mesothelin	<input type="checkbox"/> S100
<input type="checkbox"/> B72.3	<input type="checkbox"/> DOG1	<input type="checkbox"/> MIF	<input type="checkbox"/> S100p
<input type="checkbox"/> Ber-Ep4	<input type="checkbox"/> E-Cadherin	<input type="checkbox"/> MOC31	<input type="checkbox"/> Serotonin
<input type="checkbox"/> Beta Catenin	<input type="checkbox"/> Factor VIII	<input type="checkbox"/> MYOD1	<input type="checkbox"/> Smooth Muscle Actin
<input type="checkbox"/> CA125	<input type="checkbox"/> Factor X11a	<input type="checkbox"/> Myogenin	<input type="checkbox"/> Somatostatin
<input type="checkbox"/> CA19.9	<input type="checkbox"/> FSH	<input type="checkbox"/> Myoglobin	<input type="checkbox"/> SOX10
<input type="checkbox"/> Calcitonin	<input type="checkbox"/> Gastrin	<input type="checkbox"/> Napsin A	<input type="checkbox"/> STAT6
<input type="checkbox"/> Calponin	<input type="checkbox"/> GATA3	<input type="checkbox"/> NF (Neurofilament)	<input type="checkbox"/> Surfactant
<input type="checkbox"/> CAM5.2	<input type="checkbox"/> GCDFFP15	<input type="checkbox"/> NSE	<input type="checkbox"/> Synaptophysin
<input type="checkbox"/> Carbonic Anhydrase IX (CA IX)	<input type="checkbox"/> GFAP	<input type="checkbox"/> p16	<input type="checkbox"/> Thyroglobulin
<input type="checkbox"/> Caretinin	<input type="checkbox"/> GH	<input type="checkbox"/> p27	<input type="checkbox"/> Thyroid Stimulating Hormone
<input type="checkbox"/> CD31	<input type="checkbox"/> Glucagon	<input type="checkbox"/> p40	<input type="checkbox"/> TTF1
<input type="checkbox"/> CD44	<input type="checkbox"/> GLUT1	<input type="checkbox"/> p53	<input type="checkbox"/> Vimentin
<input type="checkbox"/> CD99	<input type="checkbox"/> Glypican-3	<input type="checkbox"/> p57	<input type="checkbox"/> WT1
<input type="checkbox"/> CDK4	<input type="checkbox"/> HBME1	<input type="checkbox"/> p63	
<input type="checkbox"/> CDX2	<input type="checkbox"/> HCG Beta	<input type="checkbox"/> p120 Catenin	
	<input type="checkbox"/> HepPar1	<input type="checkbox"/> p504S	
	<input type="checkbox"/> HMB45	<input type="checkbox"/> PAX8	

HEMATOPATHOLOGY Please select service: Global TC

<input type="checkbox"/> ALK1	<input type="checkbox"/> CD20	<input type="checkbox"/> CD117/cKIT	<input type="checkbox"/> IgM
<input type="checkbox"/> Annexin A1	<input type="checkbox"/> CD21	<input type="checkbox"/> CD123	<input type="checkbox"/> Ki67 (MIB1)
<input type="checkbox"/> BCL2	<input type="checkbox"/> CD23	<input type="checkbox"/> CD138	<input type="checkbox"/> Lysozyme
<input type="checkbox"/> BCL6	<input type="checkbox"/> CD25	<input type="checkbox"/> CD163	<input type="checkbox"/> MPO
<input type="checkbox"/> BOB1	<input type="checkbox"/> CD30	<input type="checkbox"/> Clusterin	<input type="checkbox"/> MUM1
<input type="checkbox"/> BRAF V600E	<input type="checkbox"/> CD33	<input type="checkbox"/> CXCL13	<input type="checkbox"/> OCT2
<input type="checkbox"/> C-MYC	<input type="checkbox"/> CD34	<input type="checkbox"/> Cyclin D1/BCL1	<input type="checkbox"/> OCT4
<input type="checkbox"/> CD1a	<input type="checkbox"/> CD42b	<input type="checkbox"/> EMA	<input type="checkbox"/> PAX5
<input type="checkbox"/> CD2	<input type="checkbox"/> CD43	<input type="checkbox"/> Fascin	<input type="checkbox"/> SOX11
<input type="checkbox"/> CD3	<input type="checkbox"/> CD45 (LCA)	<input type="checkbox"/> Glycophorin A	<input type="checkbox"/> TCL1
<input type="checkbox"/> CD4	<input type="checkbox"/> CD45RO	<input type="checkbox"/> Granzyme B	<input type="checkbox"/> TCR BetaF1
<input type="checkbox"/> CD5	<input type="checkbox"/> CD56	<input type="checkbox"/> Hemoglobin A	<input type="checkbox"/> TdT
<input type="checkbox"/> CD7	<input type="checkbox"/> CD57	<input type="checkbox"/> IgA	<input type="checkbox"/> TIA1
<input type="checkbox"/> CD8	<input type="checkbox"/> CD61	<input type="checkbox"/> IgD	<input type="checkbox"/> TRAP
<input type="checkbox"/> CD10	<input type="checkbox"/> CD68	<input type="checkbox"/> IgG	<input type="checkbox"/> Trypsin
<input type="checkbox"/> CD15	<input type="checkbox"/> CD79a	<input type="checkbox"/> IgG4	

DUAL/MULTIPLE STAINS Please select service: Global TC

<input type="checkbox"/> CDX2/CK7	<input type="checkbox"/> p63/CK5/6	<input type="checkbox"/> TTF1/Napsin A
<input type="checkbox"/> E-Cadherin/p120	<input type="checkbox"/> PIN4	<input type="checkbox"/> Uro-2™ (CK20/p53)/CD44

BREAST MARKERS Please select service: Global TC

<input type="checkbox"/> ADH5	<input type="checkbox"/> ER	<input type="checkbox"/> Ki67 (MIB1)	<input type="checkbox"/> PR
<input type="checkbox"/> E-Cadherin	<input type="checkbox"/> Her-2 Breast	<input type="checkbox"/> Mammaglobin	

GASTROINTESTINAL Please select service: Global TC

<input type="checkbox"/> Mismatch Repair Panel (MLH1, MSH1, MSH2, PMS2)	<input type="checkbox"/> PMS2
<input type="checkbox"/> MLH1	<input type="checkbox"/> MSH1
<input type="checkbox"/> MSH2	<input type="checkbox"/> PMS2

IN-SITU HYBRIDIZATION Please select service: Global TC

<input type="checkbox"/> CMV (ISH)	<input type="checkbox"/> EBER (ISH)	<input type="checkbox"/> HPV RNA (ISH)	<input type="checkbox"/> Kappa/Lambda
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CYTOCHEMICAL STAINS Please select service: TC Only

<input type="checkbox"/> Double Esterase	<input type="checkbox"/> Myeloperoxidase	<input type="checkbox"/> PAS	<input type="checkbox"/> Sudan Black B
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PD-L1'S Please select service: Global TC

<input type="checkbox"/> PD-L1 22C3 (FDA) (for KEYTRUDA®)	<input type="checkbox"/> PD-L1 SP142 (FDA) (for TECENTRIQ®)	<input type="checkbox"/> PD-L1 SP263 (FDA) (for IMFINZI™)
<input type="checkbox"/> Cervical	<input type="checkbox"/> NSCLC	<input type="checkbox"/> pHistone H3 (PHH3)
<input type="checkbox"/> ESCC (Esophageal)	<input type="checkbox"/> TNBC (Breast)	<input type="checkbox"/> PTEN
<input type="checkbox"/> Gastric/GEA	<input type="checkbox"/> Urothelial Carcinoma	<input type="checkbox"/> Retinoblastoma Protein (RB)
<input type="checkbox"/> HNSCC (Head & Neck)	<input type="checkbox"/> PD-L1 28-8 (FDA) (for OPDIVO®)	<input type="checkbox"/> RRM1
<input type="checkbox"/> NSCLC		<input type="checkbox"/> TOPO1
<input type="checkbox"/> Urothelial Carcinoma		<input type="checkbox"/> Thymidylate Synthase
		<input type="checkbox"/> VEGF

SPECIAL STAINS Please select service: TC Only

<input type="checkbox"/> AcP	<input type="checkbox"/> Elastic Stain	<input type="checkbox"/> Gram Stain	<input type="checkbox"/> Reticulin
<input type="checkbox"/> AFB	<input type="checkbox"/> FITE	<input type="checkbox"/> Iron	<input type="checkbox"/> Trichrome
<input type="checkbox"/> Alcian Blue	<input type="checkbox"/> Fontana Masson	<input type="checkbox"/> Mucicarmine	<input type="checkbox"/> Warthin Starry
<input type="checkbox"/> Calcium Stain	<input type="checkbox"/> Giemsa	<input type="checkbox"/> PASD	<input type="checkbox"/> Wright Giemsa
<input type="checkbox"/> Colloidal Iron	<input type="checkbox"/> GMS	<input type="checkbox"/> PASF	

OTHER

INFECTIOUS DISEASE Please select service: Global TC

<input type="checkbox"/> Adenovirus	<input type="checkbox"/> H. Pylori	<input type="checkbox"/> Parvovirus	<input type="checkbox"/> VZV
<input type="checkbox"/> CMV (IHC)	<input type="checkbox"/> HHV8	<input type="checkbox"/> Pneumocystis	
<input type="checkbox"/> CMV (ISH)	<input type="checkbox"/> HPV RNA (ISH)	<input type="checkbox"/> Spirochete	
<input type="checkbox"/> EBER (ISH)	<input type="checkbox"/> HSV 1/2	<input type="checkbox"/> Toxoplasma	

LABORATORY USE ONLY
