

### 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 Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Fax Duplicate Report to Additional 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 \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Collected \_\_\_\_:\_\_\_\_  AM  PM

Date Retrieved \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Discharged \_\_\_\_/\_\_\_\_/\_\_\_\_

Specimen ID \_\_\_\_\_

**BREAST ONLY**  
Cold ischemic time < 1 hour?  Yes  No  
Formalin fixation duration 6-72 hours?  Yes  No

**TISSUE BLOCKS**  
# of Blocks \_\_\_\_\_ Tissue Type \_\_\_\_\_

**CELL BLOCKS**  
# of Blocks \_\_\_\_\_ Tissue Type \_\_\_\_\_

**SLIDES**  
# Stained \_\_\_\_\_ Stain Type \_\_\_\_\_  
# Unstained \_\_\_\_\_

### STAINS REQUESTED

Please select service:  Global  TC

<input type="checkbox"/> ADH5	<input type="checkbox"/> HBME1	<input type="checkbox"/> Thyroglobulin
<input type="checkbox"/> Adrenocorticotrophic Hormone	<input type="checkbox"/> HCG Beta	<input type="checkbox"/> Thyroid Stimulating Hormone
<input type="checkbox"/> AE1/AE3 (Pan Cytokeratin)	<input type="checkbox"/> HepPar1	<input type="checkbox"/> TTF1
<input type="checkbox"/> AFP	<input type="checkbox"/> HMB45	<input type="checkbox"/> Vimentin
<input type="checkbox"/> Alpha 1-Antichymotrypsin	<input type="checkbox"/> HPL	<input type="checkbox"/> WT1
<input type="checkbox"/> Amyloid A	<input type="checkbox"/> IDH1	
<input type="checkbox"/> Amyloid A&P Panel	<input type="checkbox"/> Inhibin	
<input type="checkbox"/> Amyloid P	<input type="checkbox"/> INH1	
<input type="checkbox"/> ALK, D5F3 (Lung, FDA)	<input type="checkbox"/> Insulin	
<input type="checkbox"/> Annexin A1	<input type="checkbox"/> Ki67 (MIB1)	
<input type="checkbox"/> Arginase 1	<input type="checkbox"/> LH	
<input type="checkbox"/> B72.3	<input type="checkbox"/> Mammaglobin	
<input type="checkbox"/> Ber-Ep4	<input type="checkbox"/> MART-1	
<input type="checkbox"/> Beta Catenin	<input type="checkbox"/> MDM2	
<input type="checkbox"/> CA125	<input type="checkbox"/> Melan A	
<input type="checkbox"/> CA19.9	<input type="checkbox"/> Mesothelin	
<input type="checkbox"/> Calcitonin	<input type="checkbox"/> MIF	
<input type="checkbox"/> Calponin	<input type="checkbox"/> MOC31	
<input type="checkbox"/> CAM5.2	<input type="checkbox"/> MYOD1	
<input type="checkbox"/> Carbonic Anhydrase IX (CA IX)	<input type="checkbox"/> Myogenin	
<input type="checkbox"/> Calretinin	<input type="checkbox"/> Myoglobin	
<input type="checkbox"/> CD31	<input type="checkbox"/> Napsin A	
<input type="checkbox"/> CD44	<input type="checkbox"/> NF (Neurofilament)	
<input type="checkbox"/> CD99	<input type="checkbox"/> NSE	
<input type="checkbox"/> CDK4	<input type="checkbox"/> p16	
<input type="checkbox"/> CDX2	<input type="checkbox"/> p27	
<input type="checkbox"/> CDX2/CK7 Double Stain	<input type="checkbox"/> p40	
<input type="checkbox"/> CEA (M)	<input type="checkbox"/> p53	
<input type="checkbox"/> CEA (P)	<input type="checkbox"/> p57	
<input type="checkbox"/> Chromogranin A	<input type="checkbox"/> p63	
<input type="checkbox"/> CK5/6	<input type="checkbox"/> p120 Catenin	
<input type="checkbox"/> CK7	<input type="checkbox"/> p504S	
<input type="checkbox"/> CK19	<input type="checkbox"/> PAX8	
<input type="checkbox"/> CK20	<input type="checkbox"/> PD1	
<input type="checkbox"/> Collagen IV	<input type="checkbox"/> Perforin	
<input type="checkbox"/> D240	<input type="checkbox"/> PHH3	
<input type="checkbox"/> Desmin	<input type="checkbox"/> PLAP	
<input type="checkbox"/> DOG1	<input type="checkbox"/> Prolactin	
<input type="checkbox"/> E-Cadherin	<input type="checkbox"/> PSA	
<input type="checkbox"/> Factor VIII	<input type="checkbox"/> PSAP	
<input type="checkbox"/> Factor X111a	<input type="checkbox"/> PSMA	
<input type="checkbox"/> FSH	<input type="checkbox"/> PTH	
<input type="checkbox"/> Gastrin	<input type="checkbox"/> RCC1	
<input type="checkbox"/> GATA3	<input type="checkbox"/> S100	
<input type="checkbox"/> GCDFFP15	<input type="checkbox"/> S100p	
<input type="checkbox"/> GFAP	<input type="checkbox"/> Serotonin	
<input type="checkbox"/> GH	<input type="checkbox"/> Smooth Muscle Actin	
<input type="checkbox"/> Glucagon	<input type="checkbox"/> Somatostatin	
<input type="checkbox"/> GLUT1	<input type="checkbox"/> SOX10	
<input type="checkbox"/> Glypican-3	<input type="checkbox"/> STAT6	
	<input type="checkbox"/> Surfactant	
	<input type="checkbox"/> Synaptophysin	

**PD-L1'S**  
Please select service:  Global  TC

PD-L1 22C3 (FDA) (for KEYTRUDA®)

Cervical

ESCC (Esophageal)

Gastric/GEA

HNSCC (Head & Neck)

NSCLC

Urothelial Carcinoma

PD-L1 SP142 (FDA) (for TECENTRIQ®)

NSCLC

TNBC (Breast)

Urothelial Carcinoma

PD-L1 28-8 (FDA) (for OPDIVO®)

PD-L1 SP263 (FDA) (for IMFINZI™)

pHistone H3 (PHH3)

PTEN

Retinoblastoma Protein (RB)

RRM1

TOPO1

Thymidylate Synthase

VEGF

**BREAST MARKERS**  
Please select service:  Global  TC

ADH5

E-Cadherin

ER

Her-2 Breast

Ki67 (MIB1)

Mammaglobin

PR

### DUAL/MULTIPLE STAINS

Please select service:  Global  TC

CDX2/CK7

E-Cadherin/p120

p63/CK5/6

PIN4

TTF1/Napsin A

Uro-2™ (CK20/p53)/CD44

### INFECTIOUS DISEASE

Please select service:  Global  TC

Adenovirus

CMV (IHC)

CMV (ISH)

EBER (ISH)

H. Pylori

HHV8

HPV RNA (ISH)

HSV 1/2

Parvovirus

Pneumocystis

Spirochete

Toxoplasma

VZV

### GASTROINTESTINAL

Please select service:  Global  TC

Mismatch Repair Panel (MLH1, MSH1, MSH2, PMS2)

MLH1

MSH1

MSH2

PMS2

### OTHER

### 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"/> TRAP
<input type="checkbox"/> CD15	<input type="checkbox"/> CD79a	<input type="checkbox"/> IgG4	<input type="checkbox"/> Trypsin

**IN-SITU HYBRIDIZATION** Please select service:  Global  TC

CMV (ISH)  EBER (ISH)  HPV RNA (ISH)  Kappa/Lambda

**CYTOCHEMICAL STAINS** Please select service:  TC Only

Double Esterase  Myeloperoxidase  PAS  Sudan Black B

**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	

### HISTOLOGY SPECIAL INSTRUCTIONS

### LABORATORY USE ONLY