

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