

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 5. Name of Person Who Completed Requisition Form

PATIENT INFORMATION

Last Name _____
 First Name _____ M.I. _____
 DOB: MM / DD / YYYY Gender: Male Female Other _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Patient ID _____

PROVIDER INFORMATION

The undersigned certifies by completion of this section, that he/she is authorized to order the test(s) listed below and that such test(s) are medically necessary for the care and/or treatment of this patient.

Authorized Provider Signature _____ Date: MM DD YYYY _____
 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: _____ Disease: New Diagnosis Refractory Recurrent/Relapsed Follow-Up

PRE-OP DIAGNOSIS

POST-OP DIAGNOSIS

SPECIMEN INFORMATION

Date Collected: MM / DD / YYYY Date Retrieved: MM / DD / YYYY ALL TUMOR TYPES INCLUDING BREAST BIOPSY
 Time Collected: HH : MM AM PM Date Discharged: MM / DD / YYYY Fixation duration 6 to 72 hours _____
 Specimen ID: _____ Cold ischemic time < 1 hour? Yes No

SPECIMEN TYPE
 Biopsy Culture
 FNA Submitted Fresh
 Cytology Other: _____

SKIN ONLY
 Punch Excision
 Curettage Other: _____
 Shave

SPECIMEN SITES (FOR MORE TESTING INFORMATION, VISIT COREPATH.US)

A		H	
B		I	
C		J	
D		K	
E		L	
F		M	
G		N	

FISH PROBES POC Ploidy: FISH on Formalin Fixed Products of Conception, Common Trisomies and Triploidies, Chromosomes 13/16/18/21/X/Y

Requisition Completed by _____

LABORATORY USE ONLY

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PREFERRED SPECIMEN REQUIREMENTS

Specimen Type	Bone Marrow Morphology	Flow Cytometry	Routine Chromosome Analysis ¹	FISH ¹	PCR ¹	NGS	IHC/Immunostains
Peripheral Blood ²	Two (2) smears/slides	2 mL sodium heparin ⁴ or EDTA ³	5 mL sodium heparin ⁴ preferred, EDTA ³ acceptable	5 mL sodium heparin ⁴ preferred, EDTA ³ acceptable	4 mL EDTA ³	5 mL EDTA ³ Liquid Biopsy: 10 mL minimum EDTA ³ or 30-50 ng/μl DNA/RNA in microfuge tube	N/A
Bone Marrow Aspirate	Five (5) smears/slides	2 mL EDTA ³ preferred, sodium heparin ⁴ acceptable	1-2 mL sodium heparin ⁴ preferred, EDTA ³ acceptable	1-2 mL sodium heparin ⁴ preferred, EDTA ³ acceptable	2 mL EDTA ³	2 mL EDTA ³	N/A
Bone Marrow Clot	2 mL clot (volume) in 10% NBF*. Two (2) touch prints.	N/A					N/A
Bone Marrow Core Biopsy & Touch Imprints	1 cm core (length) in 10% NBF*. Five (5) touch prints.	1-2 cm core (length) in RPMI	1-2 cm core (length) in RPMI	0.5 cm core (length) in RPMI	1-2 cm core (length) in RPMI	1-2 cm core (length) in RPMI	N/A
Lymph Node/Tissue (Fresh)	N/A	0.5 cm ³ in RPMI. Other fixatives not acceptable.			0.5 cm ³ in RNA fixative or 10% NBF*	0.5 cm ³ tissue in normal saline	FFPE tissue block preferred. 0.5 cm ³ in 10% NBF*.
Formalin Fixed Paraffin Embedded (FFPE) Block or Cut Slides	N/A	N/A	N/A	FFPE tissue block preferred. One (1) H&E stained slide and five (5) unstained slides.	FFPE tissue block preferred ⁵ . One (1) H&E stained slide and five (5) unstained slides.	One (1) H&E stained slide and six (6) to eight (8) unstained slides.	Four (4) to five (5) micron thick tissue sections on positively charged slides. Provide at least three (3) slides per requested antibody.
Fine Needle Aspirate (FNA)	N/A	RPMI				RPMI/Cell block	Cell block
Body Fluids	N/A	CSF: 5 mL in sterile container Pleural: 20 mL in ratio of 1 mL sodium heparin or ACD to 100 mL fluid				5 mL fluid/Cell block	Cell block

*NBF = Neutral Buffered Formalin

¹ Decalcified samples not acceptable | ² Please provide copy of CBC if available | ³ EDTA = Lavender Top | ⁴ Sodium Heparin = Green Top | ⁵ Only for some tests; contact us for details or go to www.corepath.us

SPECIMEN HANDLING AND TRANSPORTATION

Storage & Transport: Specimens should be received at CorePath within 72 hours from collection to ensure sample integrity and acceptable cell viability. Ship same day as drawn whenever possible. Peripheral blood and bone marrow should be shipped at room temperature. In hot weather, use cold pack for transport, making sure cold pack is not in direct contact with specimen. Body fluids and tissue should be shipped at 4°C.

Schedule a Pick-Up: Call CorePath Laboratories at 1.877.617.4445 to schedule a pick-up. In the San Antonio area, call 210.617.4445 to schedule a courier pick-up.

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