Specialized Pathology LABORATORIES

ANATOMIC PATHOLOGY REQUISITION

Patient Information*

Name (Last, First, MI): Sex: ☐ Male ☐ Female

Date of Birth (MM/DD/YYYY): _____

Include copies of the patient's demographic face sheet **or write-in details below.**

Street Address: _____

City: _____ State: _____ Zip: _____

Patient Phone #: _____

Medical Record/Patient ID#: _____

Place of Service:

☐ Hospital Inpatient ☐ Ambulatory Surgical Center

☐ Hospital Outpatient ☐ Office/Non-Hospital

Billing Information*

Bill to: ☐ Insurance ☐ Patient ☐ Client ☐ Medicare/Medicaid

Include copies of both sides of the patient's insurance card(s) with the requisition.

Insurance Name: _____

Insurance Address: _____

City/State/Zip: _____

Policy #: _____

Group/Plan #: _____

Subscriber Name: _____

Subscriber DOB: _____

Relationship to Subscriber: ☐ Self ☐ Spouse ☐ Dependent

Secondary Insurance: ☐ Yes† ☐ No

†Attach all of the patient's secondary insurance information to this requisition.

Provider Information

Ordering Physician: _____

Ordering Physician NPI #: _____

Duplicate Report Sent to: _____

Clinical History/ICD-9:

Collection Date: _____ Time: ____ : ____ ☐ A.M./☐ P.M.

Specimen Information: Non-GYN Cytology

Body Fluid: ☐ CSF ☐ Pleural ☐ Peritoneal ☐ Other (specify below*)

FNA (specify site): _____

Lung BAL/Brushing (specify lobe): _____

Flow Cytometry: ☐ Flow Cytometry for Lymphoma (if indicated)

Urine: ☐ Voided ☐ Bladder Washing ☐ Other: _____

☐ Reflex Urine to UroVysion™ (if atypical/suspicious/positive)

*Other (specify): _____

Specimen Information: Anatomic Pathology

Tissue Biopsy (designate sites):

A: _____ E: _____

B: _____ F: _____

C: _____ G: _____

D: _____ H: _____

Paraffin Block Testing

Accession #: _____ Block: _____

Breast Carcinoma Prognostic Markers (Image Analysis)

Cold Ischemia Time < 1 Hour: ☐ Yes ☐ No

Fixative (Neutral-Buffered Formalin): ☐ Yes ☐ No

Fixation Time 6 - 48 Hours: ☐ Yes ☐ No

☐ Comprehensive Breast Evaluation (ER/PR/Ki-67/HER2 IHC with reflex to FISH)

☐ Breast Cancer Evaluation (ER/PR/HER2 reflex)

☐ Estrogen Receptor (ER) ☐ Progesterone Receptor (PR)

☐ HER2 IHC (HercepTest) ☐ Ki-67 (MIB1)

☐ HER2 (ERBB2) (FISH only) ☐ pHH3 IHC (Mitotic Figures)

Gastric/Gastroesophageal Carcinoma

☐ HER2 Immunohistochemistry with Reflex to HER2 (ERBB2) FISH

☐ Gastric HER2 (ERBB2) (FISH only)

Colorectal Carcinoma

☐ Comprehensive Colorectal Carcinoma Evaluation
(KRAS and MSI with reflex to BRAF and MMR IHC)

☐ Microsatellite Instability (MSI by PCR) ☐ KRAS Mutation

☐ BRAF Mutation ☐ MMR IHC *(MLH1, MSH2, MSH6, PMS2)*

Lung Carcinoma

☐ Comprehensive Lung Carcinoma Evaluation
EGFR mutation and ALK FISH (FDA approved)

☐ EGFR Mutation ☐ KRAS Mutation

☐ ALK FISH (FDA-approved) ☐ BRAF Mutation

Melanoma/Thyroid

☐ BRAF Mutation

Gestational Trophoblastic Disease/Molar Pregnancy Evaluation

☐ Comprehensive Gestational Trophoblastic Disease Evaluation

UroVysion™/Urine FISH

☐ UroVysion™ with Cytology ☐ UroVysion™ Only

FISH (Formalin-Fixed Paraffin Blocks)

☐ ALK FISH ☐ del 1p/19q FISH ☐ FUS (16p11.2)

☐ DDIT3 (12q13.3) ☐ SS18 (SYT) (18q11.2) ☐ EWSR (22q11)

☐ MDM2 (12q15) ☐ FOXO1 (13q14.11)

Other (specify): _____

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