

CLIENT IDENTIFICATION:

PATIENT IDENTIFICATION:

Last Name		First Name		Middle Initial
Address		City	State	ZIP
DOB	Age	Gender M / F	SSN	Phone
Ordering Physician			MRN	
Treating Physician			Specimen ID	

BILLING INFORMATION

Bill to: Client Insurance Patient

INSURANCE INFORMATION

Attached face sheet/insurance Self Spouse Child Other _____
 Medicare # _____ Medicaid # _____ Pre-Authorization # _____
 Primary Ins. _____ Secondary Ins. _____

SPECIMEN INFORMATION

Two unique identifiers are required on requisition & specimen

Body Site _____
 Formalin Fixed _____ Other Fixation _____
 Cold Ischemia Time (min) _____ Fixation Time (hours) _____
 Block(s) # _____ Slide(s) # _____ Other # _____

ICD-10 Code(s): _____
(ICD-10 information is required)
Hospital status when specimen collected:
 Hospital Inpatient Hospital Outpatient Non-Hospital Outreach/Clinic Patient
 Collection Date _____ Time _____
 Date of Discharge _____ ABN is available
 Date Pulled from Archive _____

REQUESTED TESTING

LEVEL OF SERVICE: Global (with interpretation) Slide Only (TC): glass slides only ****All Stains below are performed in-house at MAWD****

IHC

<input type="checkbox"/> AE1/AE3 (Pan-Cytokeratin)	<input type="checkbox"/> CD10 (CALLA)	<input type="checkbox"/> D2-40	<input type="checkbox"/> INSM1	<input type="checkbox"/> PAX-8
<input type="checkbox"/> AFP	<input type="checkbox"/> CD15 (IeuM1)	<input type="checkbox"/> Desmin	<input type="checkbox"/> Kappa ISH	<input type="checkbox"/> PDL-1 (SP263)
<input type="checkbox"/> ALK-1	<input type="checkbox"/> CD20 (L26)	<input type="checkbox"/> DIFF Panel	<input type="checkbox"/> Lambda ISH	<input type="checkbox"/> pHH3
<input type="checkbox"/> AMACR (P504S)	<input type="checkbox"/> CD21	<input type="checkbox"/> DOG-1	<input type="checkbox"/> Ki-67	<input type="checkbox"/> PIN-4
<input type="checkbox"/> Arginase-1	<input type="checkbox"/> CD23	<input type="checkbox"/> EBV by ISH	<input type="checkbox"/> MART-1	<input type="checkbox"/> PLAP
<input type="checkbox"/> ATRX	<input type="checkbox"/> CD30 (Ber-H2)	<input type="checkbox"/> E-cadherin	<input type="checkbox"/> MLH-1	<input type="checkbox"/> PMS2
<input type="checkbox"/> BCL-1 (Cyclin D1)	<input type="checkbox"/> CD31	<input type="checkbox"/> EMA	<input type="checkbox"/> MOC-31	<input type="checkbox"/> PR
<input type="checkbox"/> BCL-2	<input type="checkbox"/> CD34	<input type="checkbox"/> ER	<input type="checkbox"/> MSH-2	<input type="checkbox"/> PRAME
<input type="checkbox"/> BCL-6	<input type="checkbox"/> CD43	<input type="checkbox"/> ERG	<input type="checkbox"/> MSH-6	<input type="checkbox"/> PSA
<input type="checkbox"/> Ber-EP4	<input type="checkbox"/> CD45 (LCA)	<input type="checkbox"/> Factor XIII	<input type="checkbox"/> MUM-1	<input type="checkbox"/> PSAP
<input type="checkbox"/> Beta-Cetinin	<input type="checkbox"/> CD56	<input type="checkbox"/> GATA-3	<input type="checkbox"/> Napsin	<input type="checkbox"/> S100
<input type="checkbox"/> C3d	<input type="checkbox"/> CD68	<input type="checkbox"/> GFAP	<input type="checkbox"/> NFP	<input type="checkbox"/> SALL4
<input type="checkbox"/> C4d	<input type="checkbox"/> CD117 (c-KIT)	<input type="checkbox"/> Glypican-3	<input type="checkbox"/> NKX3.1	<input type="checkbox"/> SMA
<input type="checkbox"/> Caldesmon	<input type="checkbox"/> CD138	<input type="checkbox"/> H. Pylori	<input type="checkbox"/> OCT-3/4	<input type="checkbox"/> SMM
<input type="checkbox"/> Calponin	<input type="checkbox"/> CDX2	<input type="checkbox"/> HCG	<input type="checkbox"/> p16	<input type="checkbox"/> SOX-10
<input type="checkbox"/> Calretinin	<input type="checkbox"/> mCEA	<input type="checkbox"/> Hep-Par-1	<input type="checkbox"/> p16 Red	<input type="checkbox"/> Synaptophysin
<input type="checkbox"/> CAM 5.2	<input type="checkbox"/> Chromogranin	<input type="checkbox"/> HER2 by IHC	<input type="checkbox"/> p40	<input type="checkbox"/> Treponema Pallidum
<input type="checkbox"/> CD3	<input type="checkbox"/> c-MYC	<input type="checkbox"/> HER2 (G1)	<input type="checkbox"/> p53	<input type="checkbox"/> Triple Melanoma Cocktail
<input type="checkbox"/> CD4	<input type="checkbox"/> CK5/6	<input type="checkbox"/> HMW-CK (34bE12)	<input type="checkbox"/> p63	<input type="checkbox"/> TTF-1
<input type="checkbox"/> CD5	<input type="checkbox"/> CK7	<input type="checkbox"/> HMB-45	<input type="checkbox"/> p120	<input type="checkbox"/> Vimentin
<input type="checkbox"/> CD7	<input type="checkbox"/> CK20	<input type="checkbox"/> HSV I/II	<input type="checkbox"/> Pan CK	<input type="checkbox"/> WT-1
<input type="checkbox"/> CD8	<input type="checkbox"/> CMV	<input type="checkbox"/> IDH-1	<input type="checkbox"/> PAX-5	

SPECIAL STAINS

<input type="checkbox"/> AFB	<input type="checkbox"/> Elastic (WG)	<input type="checkbox"/> Gram	<input type="checkbox"/> PAS/F
<input type="checkbox"/> AFB Fite	<input type="checkbox"/> Fontana Masson	<input type="checkbox"/> Iron	<input type="checkbox"/> Reticulin
<input type="checkbox"/> Alcian Blue 2.5	<input type="checkbox"/> Giemsa	<input type="checkbox"/> Mucicarmine	<input type="checkbox"/> Trichrome
<input type="checkbox"/> Colloidal Iron	<input type="checkbox"/> GMS	<input type="checkbox"/> Oil red 0	<input type="checkbox"/> Von Kassa
<input type="checkbox"/> Congo Red	<input type="checkbox"/> GMS (Pneumocystis)	<input type="checkbox"/> PAS	<input type="checkbox"/> Wright's Stain
<input type="checkbox"/> Copper	<input type="checkbox"/> Gout	<input type="checkbox"/> PAS w/ Diastase	

Additional Tests, Comments, or Different Diagnosis
 Physician Notice: Only tests or diagnostic services that are medically necessary should be ordered. Appropriate ICD-10 information must be provided in the specified area above. Payors, including Medicare and Medicaid, generally do not pay for screening tests.