

Client /Ordering Physician Information			
Practice Name	Address	Telephone	Fax
Ordering Provider	NPI	Contact No.	Fax
Patient Information			
Last Name	First Name, Middle Initial	DOB	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street	City, State, Zip	Tel	SSN
Chart #	Patient ID	Other Patient ID	
Billing Information			
<input type="checkbox"/> Bill Doctor <input type="checkbox"/> Bill Insurance/patient	Responsible Party (if other than patient)		Insurance Company
Policy/Group Number	Insurance Address	SSN	
Specimen Information			
Collection Date/Time	Slide # _____ <input checked="" type="checkbox"/> Block # _____ Please include pathology report with block.	Specimen Site	
Clinical History & Physical Findings (Please specify race for suspected malignancy).			
IHC Menu			
<b>(check one)</b> <input type="checkbox"/> Global <input type="checkbox"/> Technical	<input type="checkbox"/> CD138 <input type="checkbox"/> CD163 <input type="checkbox"/> CD1a <input type="checkbox"/> CDX2 <input type="checkbox"/> CEA <input type="checkbox"/> Chromogranin A <input type="checkbox"/> CK 20 <input type="checkbox"/> CK 5/6 <input type="checkbox"/> CK 7 <input type="checkbox"/> c-Myc <input type="checkbox"/> Cyclin D-1 (bcl-1) <input type="checkbox"/> Cytokeratin Cktl (AE1/AE3) <input type="checkbox"/> Cytomegalovirus (CMV) <input type="checkbox"/> Desmin <input type="checkbox"/> E. cadherin <input type="checkbox"/> EMA <input type="checkbox"/> ER (Estrogen Receptor) <input type="checkbox"/> Factor VIII <input type="checkbox"/> Factor XIIIa <input type="checkbox"/> Gata-3 <input type="checkbox"/> H. Pylori <input type="checkbox"/> HHV-8 <input type="checkbox"/> HMB45 <input type="checkbox"/> HPV <input type="checkbox"/> HSV-1 <input type="checkbox"/> HSV-2	<input type="checkbox"/> Kappa (IHC) <input type="checkbox"/> Ki-67 <input type="checkbox"/> Ki67/MelanA Dual Stain <input type="checkbox"/> Lambda (IHC) <input type="checkbox"/> Langerin <input type="checkbox"/> Mart-1, (Melan A) <input type="checkbox"/> MLH-1 <input type="checkbox"/> MOC-31 <input type="checkbox"/> MPO- (myeloperoxidase) <input type="checkbox"/> MSA (muscle-specific actin) <input type="checkbox"/> MSH-2 <input type="checkbox"/> MSH-6 <input type="checkbox"/> Myosin <input type="checkbox"/> Napsin A <input type="checkbox"/> NKIC3 – (Melanoma Assoc. Ag) <input type="checkbox"/> NSE <input type="checkbox"/> Pax8 <input type="checkbox"/> P16 <input type="checkbox"/> P40 <input type="checkbox"/> P53 <input type="checkbox"/> P63 <input type="checkbox"/> P504s <input type="checkbox"/> PAX5 (BSAP) <input type="checkbox"/> PMS2 <input type="checkbox"/> Podoplanin (D240) <input type="checkbox"/> PR (Progesterone Receptor) <input type="checkbox"/> Prame <input type="checkbox"/> Prostate Cktl (CK5/CK14/P63) <input type="checkbox"/> S-100 <input type="checkbox"/> SOX-10	<input type="checkbox"/> Synaptophysin <input type="checkbox"/> Treponema Pallidum (Syphilis, Spirochete) <input type="checkbox"/> TTF-1 <input type="checkbox"/> Tyrosinase <input type="checkbox"/> VE1 (BRAF) V600E <input type="checkbox"/> Vimentin <input type="checkbox"/> VZV (Varicella Zoster)
Histochemical Special Stains/ Immunofluorescence Menu			
<b>(check one)</b> <input type="checkbox"/> Global <input type="checkbox"/> TC Technical <b>Only</b>	<input type="checkbox"/> Elastic <input type="checkbox"/> Fite <input type="checkbox"/> Melanin- Fontana-Masson <input type="checkbox"/> GMS-fungus <input type="checkbox"/> Giemsa <input type="checkbox"/> Gram <input type="checkbox"/> Iron <input type="checkbox"/> Melanin bleach <input type="checkbox"/> Mucicarmine, Mucin	<input type="checkbox"/> PAP (Papanicolaou) <input type="checkbox"/> PAS (Periodic Acid Schiff's) <input type="checkbox"/> PAS w/ diastase <input type="checkbox"/> PAS-fungus <input type="checkbox"/> Reticulin/Nuclear Fast Red <input type="checkbox"/> Wright-Giemsa <input type="checkbox"/> Trichrome	<b>Immunofluorescence- FITC (IF)</b> <input type="checkbox"/> Albumin <input type="checkbox"/> C3 <input type="checkbox"/> Fibrin <input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgM  <b>Other</b> <input type="checkbox"/> H&E (if not originally our case)