

<p>CLIENT INFORMATION (REQUIRED)</p> <p>Facility Name _____</p> <p>Ordering Physician _____</p> <p>NPI # _____</p> <p>Treating Oncologist/Physician _____</p> <p>NPI # _____</p>	<p>BILLING (REQUIRED)</p> <p>IF NO BILLING INFORMATION IS PROVIDED, AND NO BOX IS CHECKED YOUR ACCOUNT WILL BE BILLED.</p> <p><input type="checkbox"/> PHYSICIAN / ACCOUNT</p> <p><input type="checkbox"/> PATIENT / INSURANCE (Insurance Information Attached)</p> <p><input type="checkbox"/> BCCP, MEDIT ID # _____</p> <p><input type="checkbox"/> MEDICARE # _____</p>
<p>PATIENT INFORMATION (REQUIRED)</p> <p>Name _____</p> <p>Patient SS#/ID# _____</p> <p>DOB (MM/DD/YYYY) _____ Sex _____</p> <p>Address _____</p> <p>Phone _____</p>	<p>CLINICAL INFORMATION (REQUIRED)</p> <p>Please attach patient's pathology report (required), clinical history and other applicable reports(s)</p> <p>ICD-10 (Dx) Code/Narrative (REQUIRED) _____</p> <p>Reason for Referral _____</p> <p><input type="checkbox"/> New Diagnosis <input type="checkbox"/> Relapse <input type="checkbox"/> In Remission <input type="checkbox"/> Monitoring</p> <p>Staging <input type="checkbox"/> 0 <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV</p> <p>Note _____</p>
<p>SPECIMEN INFORMATION (REQUIRED)</p> <p>Specimen ID _____ Block ID _____ Fixative/Preservative _____ Retrieved Date (mm/dd/yyyy) _____</p> <p>Hospital Discharge Date (mm/dd/yyyy) _____ Collection Date (mm/dd/yyyy) _____ Collection Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>Tissue Type/Body Site _____</p> <p>If ER PR or HER2 ordered:</p> <p>Was the specimen placed in formalin within one hour of collection? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the formalin fixation time between 6 and 72 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

IMMUNOPEROXIDASE STAIN PANELS	CHARGE# 26105	INDIVIDUAL IMMUNO PEROXIDASE STAINS	CPT Code X 1	CPT 88342 (unless otherwise indicated)
<input type="checkbox"/> BREAST (*PAN-BRST) ER, PR, HER-2 by IHC (CPT 88374)	X 2	<input type="checkbox"/> 34BE12 <input type="checkbox"/> Adipophilin	<input type="checkbox"/> CD-99 <input type="checkbox"/> CD-117	<input type="checkbox"/> MSH-2 <input type="checkbox"/> MSH-6
<input type="checkbox"/> CLL PANEL CD-5, CD-10, CD-23	X 3	<input type="checkbox"/> AE 1/3 <input type="checkbox"/> AFP	<input type="checkbox"/> CD-138 <input type="checkbox"/> CDX-2	<input type="checkbox"/> MUM-1 <input type="checkbox"/> MYELOPEROXIDASE
<input type="checkbox"/> CYTO 7 & 20 (*PAN-CYTO7/20) CYTOKERATIN 7, CYTOKERATIN 20	X 2	<input type="checkbox"/> ALK-1 <input type="checkbox"/> AMACR	<input type="checkbox"/> CEA- MONO <input type="checkbox"/> CHROMAGRANIN	<input type="checkbox"/> MYOGENIN <input type="checkbox"/> NAPSIN
<input type="checkbox"/> ER/PR (*PAN-ER/PR) ER, PR	X 2	<input type="checkbox"/> BCL-2 <input type="checkbox"/> BCL-6	<input type="checkbox"/> CMV <input type="checkbox"/> C-MYC	<input type="checkbox"/> NSE <input type="checkbox"/> NKX 3.1
<input type="checkbox"/> HODGKINS (*PAN-HODGKINS) CD3, CD15, CD20, CD30, CD45, EBV-LMP, EMA, PAX5	X 9	<input type="checkbox"/> BETA-CATENIN <input type="checkbox"/> BOB.1	<input type="checkbox"/> CYCLIN D <input type="checkbox"/> CYTO 5/6	<input type="checkbox"/> OCT.2 <input type="checkbox"/> PAX-5
<input type="checkbox"/> KAPPA, LAMBDA (*PAN-KAPLAM) KAPPA, LAMBDA	X 2	<input type="checkbox"/> CA IX <input type="checkbox"/> CALCITONIN	<input type="checkbox"/> CYTO 7 <input type="checkbox"/> CYTO 20	<input type="checkbox"/> PAX-8 <input type="checkbox"/> P16
<input type="checkbox"/> LCL (*PAN-LCL) ALK-1, BCL-2, BCL-6, CD3, CD5, CD10, CD20, CD23, CD79A, KI-67 (MIB), MUM-1, PAX-5	X 12	<input type="checkbox"/> CALRETININ <input type="checkbox"/> CAM 5.2	<input type="checkbox"/> DESMIN <input type="checkbox"/> EBV-LMP	<input type="checkbox"/> P40 <input type="checkbox"/> P53
<input type="checkbox"/> LUNG CA (*PAN-LUNG CA) P40, TTF	X 2	<input type="checkbox"/> CD-1a <input type="checkbox"/> CD-2	<input type="checkbox"/> E-CADHERIN <input type="checkbox"/> EMA	<input type="checkbox"/> P57 <input type="checkbox"/> P63
<input type="checkbox"/> MELANOMA (*PAN-MELANOMA) HMB45, MELAN-A, SOX-10	X 3	<input type="checkbox"/> CD-3 <input type="checkbox"/> CD-4	<input type="checkbox"/> ERG <input type="checkbox"/> FACTOR VIII	<input type="checkbox"/> PIN4 <input type="checkbox"/> PLAP
<input type="checkbox"/> MMR (*PAN-MMR) MLH-1, MSH-2, MSH-6, PMS-2	X 4	<input type="checkbox"/> CD-5 <input type="checkbox"/> CD-7	<input type="checkbox"/> GATA-3 <input type="checkbox"/> GCDFP	<input type="checkbox"/> PMS2 <input type="checkbox"/> PODOPLANIN
<input type="checkbox"/> MYOEPITHELIAL (*PAN-MYOEPI) P63, SMMHC	X 2	<input type="checkbox"/> CD-8 <input type="checkbox"/> CD-10	<input type="checkbox"/> GFAP <input type="checkbox"/> GLYPICAN-3	<input type="checkbox"/> PR <input type="checkbox"/> PRAME
<input type="checkbox"/> PROSTATE (*PAN-PROSTATE) PSA, PSMA	X 2	<input type="checkbox"/> CD-15 <input type="checkbox"/> CD-19	<input type="checkbox"/> GRANZYME <input type="checkbox"/> HCG	<input type="checkbox"/> PSA <input type="checkbox"/> PSMA
<input type="checkbox"/> SENTINAL NODE (PAN-AE/CAM) AE 1/3, CAM 5.2	X 2	<input type="checkbox"/> CD-20 <input type="checkbox"/> CD-21	<input type="checkbox"/> HERCEPT <input type="checkbox"/> H. PYLORI	<input type="checkbox"/> RENAL CELL <input type="checkbox"/> S-100
<input type="checkbox"/> SLL (*PAN-SLL) CD3, CD5, CD10, CD19, CD20, CD23, CD43, BCL2, BCL6, CYCLIN-D, KI-67 (MIB)	X 11	<input type="checkbox"/> CD-23 <input type="checkbox"/> CD-30	<input type="checkbox"/> HEPATOCYTE <input type="checkbox"/> HMB-45	<input type="checkbox"/> SATB2 <input type="checkbox"/> SMA
SPECIAL STAINS GROUP I (MICROORGANISMS) CHARGE# 26017 CPT 88312		<input type="checkbox"/> CD-31 <input type="checkbox"/> CD-34	<input type="checkbox"/> HSV 1&2 <input type="checkbox"/> INHIBIN	<input type="checkbox"/> SMMHC <input type="checkbox"/> SOX-10
<input type="checkbox"/> ACID FAST		<input type="checkbox"/> CD-43 <input type="checkbox"/> CD-45	<input type="checkbox"/> INSMI <input type="checkbox"/> KAPPA	<input type="checkbox"/> SYNAPTOPHYSIN <input type="checkbox"/> SYPHILIS
<input type="checkbox"/> GRAM STAIN		<input type="checkbox"/> CD-46 <input type="checkbox"/> CD-56	<input type="checkbox"/> LAMBDA <input type="checkbox"/> LYSOZOME	<input type="checkbox"/> TDT <input type="checkbox"/> THROMBOMODULIN
<input type="checkbox"/> FITE		<input type="checkbox"/> CD-57 <input type="checkbox"/> CD-61	<input type="checkbox"/> MAMMAGLOBIN <input type="checkbox"/> MELAN-A	<input type="checkbox"/> TTF <input type="checkbox"/> THYROGLOBULIN
<input type="checkbox"/> WARTHIN-STARRY		<input type="checkbox"/> CD-68 <input type="checkbox"/> CD-71	<input type="checkbox"/> MELAN-1 <input type="checkbox"/> MOC 31	<input type="checkbox"/> UROPLAKIN III <input type="checkbox"/> VIMENTIN
		<input type="checkbox"/> CD-79a		<input type="checkbox"/> WT-1

ISH STAINS	SPECIAL STAINS GROUP II (MICROORGANISMS) CHARGE# 26117	CPT 88313
<input type="checkbox"/> EBER ISH	<input type="checkbox"/> ALICIAN BLUE	<input type="checkbox"/> OIL RED O
<input type="checkbox"/> KAPPA ISH	<input type="checkbox"/> ALICIAN BLUE/PAS	<input type="checkbox"/> PAS
<input type="checkbox"/> LAMBDA ISH	<input type="checkbox"/> BILE	<input type="checkbox"/> PAS DIASTASE
	<input type="checkbox"/> CALCIUM	<input type="checkbox"/> RETICULIN
	<input type="checkbox"/> COLLOIDAL IRON	<input type="checkbox"/> SIDEROCYTE
	<input type="checkbox"/> CONGO RED	<input type="checkbox"/> TRICHROME
	<input type="checkbox"/> COPPER	
	<input type="checkbox"/> ELASTIC	
	<input type="checkbox"/> GIEMSA (MAST CELLS)	
	<input type="checkbox"/> H&E	
	<input type="checkbox"/> HEMOSIDERIN (IRON)	
	<input type="checkbox"/> MELANIN BLEACH	
	<input type="checkbox"/> MELANIN	
	<input type="checkbox"/> MUCICARMINE	