

<p><b>CLIENT INFORMATION (REQUIRED)</b></p> <p>Facility Name _____</p> <p>Ordering Physician _____</p> <p>NPI # _____</p> <p>Treating Oncologist/Physician _____</p> <p>NPI # _____</p>	<p><b>BILLING (REQUIRED)</b></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, MEDID ID # _____</p> <p><input type="checkbox"/> MEDICARE # _____</p>
<p><b>PATIENT INFORMATION (REQUIRED)</b></p> <p>Name _____</p> <p>Patient SS#/ID# _____</p> <p>DOB (MM/DD/YYYY) _____ Sex _____</p> <p>Address _____</p> <p>Phone _____</p>	<p><b>CLINICAL INFORMATION (REQUIRED)</b></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><b>SPECIMEN INFORMATION (REQUIRED)</b></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><b>If ER PR or HER2 ordered:</b></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"/> AE 1/3	<input type="checkbox"/> CD-117 <input type="checkbox"/> CD-138	<input type="checkbox"/> MOC 31 <input type="checkbox"/> MSH-2
<input type="checkbox"/> CLL PANEL CD-5, CD-10, CD-23	X 3	<input type="checkbox"/> AFP <input type="checkbox"/> ALK-1	<input type="checkbox"/> CDX-2 <input type="checkbox"/> CEA- MONO	<input type="checkbox"/> MSH-6 <input type="checkbox"/> MUM-1
<input type="checkbox"/> CYTO 7 & 20 (*PAN-CYTO7/20) CYTOKERATIN 7, CYTOKERATIN 20	X 2	<input type="checkbox"/> AMACR <input type="checkbox"/> BCL-2	<input type="checkbox"/> CHROMAGRANIN <input type="checkbox"/> CMV	<input type="checkbox"/> MYELOPEROXIDASE <input type="checkbox"/> MYOGENIN
<input type="checkbox"/> ER/PR (*PAN-ER/PR) ER, PR	X 2	<input type="checkbox"/> BCL-6 <input type="checkbox"/> BETA-CATENIN	<input type="checkbox"/> CYCLIN D <input type="checkbox"/> CYTO 5/6	<input type="checkbox"/> NAPSIN <input type="checkbox"/> NSE
<input type="checkbox"/> HODGKINS (*PAN-HODGKINS) CD3, CD15, CD20, CD30, CD45, EBV-LMP, EMA, FASCIN, PAX5	X 9	<input type="checkbox"/> BOB.1 <input type="checkbox"/> C-MYC	<input type="checkbox"/> CYTO 7 <input type="checkbox"/> CYTO 20	<input type="checkbox"/> NKX 3.1 <input type="checkbox"/> OCT.2
<input type="checkbox"/> IMMUNOGLOBULIN (*PAN- IMMUNOGL) IgA, IgG, IgM, KAPPA, LAMBDA	X 5	<input type="checkbox"/> CA IX <input type="checkbox"/> CALCITONIN	<input type="checkbox"/> DESMIN <input type="checkbox"/> EBV-LMP	<input type="checkbox"/> PAX-5 <input type="checkbox"/> PAX-8
<input type="checkbox"/> KAPPA, LAMBDA (*PAN-KAPLAM) KAPPA, LAMBDA	X 2	<input type="checkbox"/> CALRETININ <input type="checkbox"/> CAM 5.2	<input type="checkbox"/> E-CADHERIN <input type="checkbox"/> EMA	<input type="checkbox"/> P16 <input type="checkbox"/> P40
<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"/> CD-1a <input type="checkbox"/> CD-2	<input type="checkbox"/> ER <input type="checkbox"/> ERG	<input type="checkbox"/> P53 <input type="checkbox"/> P57
<input type="checkbox"/> LUNG CA (*PAN-LUNG CA) P40, TTF	X 2	<input type="checkbox"/> CD-3 <input type="checkbox"/> CD-4	<input type="checkbox"/> FACTOR VIII <input type="checkbox"/> GATA-3	<input type="checkbox"/> P63 <input type="checkbox"/> PIN4
<input type="checkbox"/> MELANOMA (*PAN-MELANOMA) HMB45, MELAN-A, SOX-10	X 3	<input type="checkbox"/> CD-5 <input type="checkbox"/> CD-7	<input type="checkbox"/> GCDFF <input type="checkbox"/> GFAP	<input type="checkbox"/> PLAP <input type="checkbox"/> PMS2
<input type="checkbox"/> MMR (*PAN-MMR) MLH-1, MSH-2, MSH-6, PMS-2	X 4	<input type="checkbox"/> CD-8 <input type="checkbox"/> CD-10	<input type="checkbox"/> GLYPICAN-3 <input type="checkbox"/> GRANZYME	<input type="checkbox"/> PODOPLANIN <input type="checkbox"/> PR
<input type="checkbox"/> MYOEPITHELIAL (*PAN-MYOEPI) P63, SMMHC	X 2	<input type="checkbox"/> CD-15 <input type="checkbox"/> CD-19	<input type="checkbox"/> HCG <input type="checkbox"/> HERCEPT	<input type="checkbox"/> PRAME <input type="checkbox"/> PSA
<input type="checkbox"/> PROSTATE (*PAN-PROSTATE) PSA, PSMA	X 2	<input type="checkbox"/> CD-20 <input type="checkbox"/> CD-21	<input type="checkbox"/> H. PYLORI <input type="checkbox"/> HEPATOCYTE	<input type="checkbox"/> PSAP <input type="checkbox"/> PSMA
<input type="checkbox"/> SENTINAL NODE (PAN-AE/CAM) AE 1/3, CAM 5.2	X 2	<input type="checkbox"/> CD-23 <input type="checkbox"/> CD-30	<input type="checkbox"/> HMB-45 <input type="checkbox"/> HSV 1&2	<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-31 <input type="checkbox"/> CD-34	<input type="checkbox"/> IgA <input type="checkbox"/> IgG	<input type="checkbox"/> SATB2 <input type="checkbox"/> SMA
<b>SPECIAL STAINS GROUP I (MICROORGANISMS)</b>		<input type="checkbox"/> CD-43 <input type="checkbox"/> CD-45	<input type="checkbox"/> IgG4* <input type="checkbox"/> IgM	<input type="checkbox"/> SMMHC <input type="checkbox"/> SOX-10
<b>CHARGE# 26017    CPT 88312</b>		<input type="checkbox"/> CD-45 <input type="checkbox"/> CD-56	<input type="checkbox"/> INHIBIN <input type="checkbox"/> INSMI	<input type="checkbox"/> SYNAPTOPHYSIN <input type="checkbox"/> SYPHILIS
<input type="checkbox"/> ACID FAST	<input type="checkbox"/> PNEUMOCYSTIS	<input type="checkbox"/> CD-57 <input type="checkbox"/> CD-61	<input type="checkbox"/> KAPPA <input type="checkbox"/> KI-67 (MIB)	<input type="checkbox"/> TDT <input type="checkbox"/> THROMBOMODULIN
<input type="checkbox"/> GRAM STAIN	<input type="checkbox"/> SILVER CHROMATE (GMS)	<input type="checkbox"/> CD-61 <input type="checkbox"/> CD-68	<input type="checkbox"/> LAMBDA <input type="checkbox"/> LYSOZOME	<input type="checkbox"/> THYROGLOBULIN <input type="checkbox"/> TTF
<input type="checkbox"/> FITE	<input type="checkbox"/> STEINER	<input type="checkbox"/> CD-71 <input type="checkbox"/> CD-79a	<input type="checkbox"/> MAMMAGLOBIN <input type="checkbox"/> MELAN-A	<input type="checkbox"/> TTF <input type="checkbox"/> UROPLAKIN III
<input type="checkbox"/> PAS-FUNGI	<input type="checkbox"/> WARTHIN-STARRY	<input type="checkbox"/> CD-99	<input type="checkbox"/> MLH-1	<input type="checkbox"/> VIMENTIN <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"/> ELASTIC
<input type="checkbox"/> KAPPA ISH	<input type="checkbox"/> ALICIAN BLUE/PAS	<input type="checkbox"/> GIEMSA (MAST CELLS)
<input type="checkbox"/> LAMBDA ISH	<input type="checkbox"/> BILE	<input type="checkbox"/> H&E
<input type="checkbox"/> HPV RNA ISH Low Risk Cocktail*	<input type="checkbox"/> CALCIUM	<input type="checkbox"/> HEMOSIDERIN (IRON)
<input type="checkbox"/> HPV RNA ISH Panel (Complete)*	<input type="checkbox"/> COLLOIDAL IRON	<input type="checkbox"/> LUXOL FAST
<input type="checkbox"/> HPV RNA ISH 16/18 High Risk*	<input type="checkbox"/> CONGO RED	<input type="checkbox"/> MELANIN BLEACH
<input type="checkbox"/> HPV RNA ISH High Risk Cocktail*	<input type="checkbox"/> COPPER	<input type="checkbox"/> MELANIN
	<input type="checkbox"/> CRYSTAL VIOLET	<input type="checkbox"/> MUCICARMINE
		<input type="checkbox"/> OIL RED O
		<input type="checkbox"/> PAS
		<input type="checkbox"/> PAS DIASTASE
		<input type="checkbox"/> PASM
		<input type="checkbox"/> RETICULIN
		<input type="checkbox"/> SIDEROCYTE
		<input type="checkbox"/> TRICHROME