



**Client /Ordering Physician Information**

Practice Name	Address	Telephone	Fax
Ordering Provider	NPI	Contact No.	Fax

**Patient Information**

Last Name	First Name, Middle Initial	+1	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	<input type="checkbox"/> Slide # _____ <input type="checkbox"/> Block # _____ Please include pathology report with block.	Specimen Site
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Clinical History & Physical Findings (Please specify race for suspected malignancy)(Please inform KDL if submitting tissue other than formalin-fixed paraffin embedded).

**IHC Menu**

<b>(check one)</b> <input type="checkbox"/> Global <input type="checkbox"/> TC Technical Only	<input type="checkbox"/> CD34 <input type="checkbox"/> CD45 (LCA) <input type="checkbox"/> CD56 <input type="checkbox"/> CD61 <input type="checkbox"/> CD68 <input type="checkbox"/> CD117 (c-kit) <input type="checkbox"/> CD138 <input type="checkbox"/> CD163 <input type="checkbox"/> CEA <input type="checkbox"/> Chromogranin A <input type="checkbox"/> Cytokeratin Cktl (AE1/AE3) <input type="checkbox"/> CK 5/6 <input type="checkbox"/> CK 7 <input type="checkbox"/> CK 20 <input type="checkbox"/> CK34 <input type="checkbox"/> c-Myc <input type="checkbox"/> Cyclin D-1 (bcl-1) <input type="checkbox"/> Cytomeglavirus (CMV) <input type="checkbox"/> Desmin <input type="checkbox"/> E. cadherin <input type="checkbox"/> EMA <input type="checkbox"/> ER <input type="checkbox"/> Factor 8, VIII	<input type="checkbox"/> Factor 13a, Xlla <input type="checkbox"/> FOX-P3 (RUO) <input type="checkbox"/> GFAP <input type="checkbox"/> H. pylori <input type="checkbox"/> Her2/neu <input type="checkbox"/> HHV-8 <input type="checkbox"/> HPV <input type="checkbox"/> HSV-1 <input type="checkbox"/> HSV-2 <input type="checkbox"/> IDO (RUO) <input type="checkbox"/> Ki-67 <input type="checkbox"/> Langerin <input type="checkbox"/> Mart-1, (Melan A) <input type="checkbox"/> MLH-1 <input type="checkbox"/> MSH-2 <input type="checkbox"/> MSH-6 <input type="checkbox"/> MOC-31 <input type="checkbox"/> MPO- (myeloperoxidase) <input type="checkbox"/> MUM-1 <input type="checkbox"/> Napsin A <input type="checkbox"/> NKIC3 - (Melanoma Assoc. Ag) <input type="checkbox"/> NSE <input type="checkbox"/> PAX5 (BSAP)	<input type="checkbox"/> p16 <input type="checkbox"/> p63 <input type="checkbox"/> PDL-1 (RUO) * <input type="checkbox"/> Podoplanin <input type="checkbox"/> PR <input type="checkbox"/> Prostate Cktl (CK5/CK14/P63) <input type="checkbox"/> P504S (AMACR) <input type="checkbox"/> '2( <input type="checkbox"/> S-100 <input type="checkbox"/> SMA, (smooth muscle actin) <input type="checkbox"/> SMMhc- (smooth muscle myosin) <input type="checkbox"/> SOX-10 <input type="checkbox"/> Synaptophysin <input type="checkbox"/> TreponemaPallidum (Syphillis, 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)
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**Histochemical Special Stains/Immunofluorescence Menu**

<b>(check one)</b> <input type="checkbox"/> Global <input type="checkbox"/> TC Technical Only	<input type="checkbox"/> Elastic <input type="checkbox"/> Fite <input type="checkbox"/> Melanin- Fontana-Masson <input type="checkbox"/> GMS, fungal <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"/> Oil Red O <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"/> Fibrinogen <input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgM
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