

IMMUNOCHEMISTRY AND SPECIAL STAIN REQUISITION FORM

PATIENT INFORMATION (REQUIRED)

Name _____, LAST FIRST MIDDLE
Date of Birth mm / dd / yyy Gender at birth Male Female
Street _____
City _____ State _____ ZIP _____ 5 DIGITS
MRN/Pt. ID/SSN # _____ Phone # _____

CLINICAL/SPECIMEN INFORMATION (REQUIRED)

Collection date mm / dd / yyy Time _____ AM PM
Fixative 10% Neutral Buffered Formalin Other _____
Body Site/Description _____
Specimen ID#(s) _____ See Previous Case History
 Paraffin Block(s) (#) _____ Stained Slides (#) _____
 Choose Best Block (Default) _____ Unstained Slides (#) _____
 Other (#) _____ Perform Test on All Blocks
Diagnosis/Clinical Data _____

All Diagnosis should be provided by the ordering physician or an authorized designee.
Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required)

Please attach an Advance Beneficiary Notice (ABN) for all Medicare patients (Form can be downloaded from www.siparadigm.com)

PHYSICIAN INFORMATION (REQUIRED)

Referring MD _____
Attending/Ordering MD _____
Account Information _____
Next appointment date / /

BILLING INFORMATION (BOTH SIDES REQUIRED)

Insurance Client Patient
SPECIMEN COLLECTION LOCATION
 Non-hospital/office patient
 Out-patient hospital
 In-patient hospital Discharge Date mm / dd / yyy
 Independent ambulatory clinic/surgical center

ICD-10 CODE (REQUIRED)

Notes: _____

Attach clinical notes, patient information, CBC, and insurance card

See website www.siparadigm.com/compendium/ for detailed panel content

LIST OF INDIVIDUAL TESTS (REQUIRED)

IHC stain - Technical Component only (slides) IHC stain with Virtual Image - Technical Component only IHC Stain with Manual Interpretation

<input type="checkbox"/> Actin (muscle specific)	<input type="checkbox"/> CD25	<input type="checkbox"/> Folate receptor alpha (FOLR1/FRA) (FDA)	<input type="checkbox"/> MMR Panel:	<input type="checkbox"/> RCC
<input type="checkbox"/> Actin Smooth Muscle (SMA)	<input type="checkbox"/> CD30	<input type="checkbox"/> FVIII (von Willebrand)	<input type="checkbox"/> MLH-1 (FDA)	<input type="checkbox"/> S100 <input type="checkbox"/> Red or <input type="checkbox"/> Brown
<input type="checkbox"/> ADH-5	<input type="checkbox"/> CD31	<input type="checkbox"/> FXIIIa	<input type="checkbox"/> MSH-2 (FDA)	<input type="checkbox"/> SAT B2
<input type="checkbox"/> ALK D5F33 (FDA)	<input type="checkbox"/> CD34	<input type="checkbox"/> Gastrin	<input type="checkbox"/> MSH-6 (FDA)	<input type="checkbox"/> SMMS-1 (Myosin)
<input type="checkbox"/> ALK-1 (FDA)	<input type="checkbox"/> CD43	<input type="checkbox"/> GATA3	<input type="checkbox"/> PMS-2 (FDA)	<input type="checkbox"/> SOX-10 <input type="checkbox"/> Red or <input type="checkbox"/> Brown
<input type="checkbox"/> Alpha-1 Fetoprotein	<input type="checkbox"/> CD45 (LCA)	<input type="checkbox"/> GCDFP-15	<input type="checkbox"/> MIF-1	<input type="checkbox"/> SOX-11
<input type="checkbox"/> Amyloid	<input type="checkbox"/> CD56	<input type="checkbox"/> GFAP	<input type="checkbox"/> MOC-31	<input type="checkbox"/> STAT-6
<input type="checkbox"/> Annexin A1	<input type="checkbox"/> CD57	<input type="checkbox"/> GlycophorinA	<input type="checkbox"/> MUM1	<input type="checkbox"/> Synaptophysin
<input type="checkbox"/> Arginase	<input type="checkbox"/> CD61	<input type="checkbox"/> Glypican-3	<input type="checkbox"/> Myeloperoxidase	<input type="checkbox"/> TdT
<input type="checkbox"/> B72.3/TAG-72	<input type="checkbox"/> CD68	<input type="checkbox"/> Granzyme B	<input type="checkbox"/> Napsin	<input type="checkbox"/> Thrombomodulin
<input type="checkbox"/> Bcl-1 (Cycin-D1)	<input type="checkbox"/> CD71	<input type="checkbox"/> H. pylori <input type="checkbox"/> Red or <input type="checkbox"/> Brown	<input type="checkbox"/> NKX3.1	<input type="checkbox"/> Thyroglobulin
<input type="checkbox"/> Bcl-2	<input type="checkbox"/> CD79A	<input type="checkbox"/> HBME-1	<input type="checkbox"/> NSE	<input type="checkbox"/> TIA-1
<input type="checkbox"/> Bcl-6	<input type="checkbox"/> CD99	<input type="checkbox"/> Hepatocyte (HepParl)	<input type="checkbox"/> Oct-2	<input type="checkbox"/> Tryptase
<input type="checkbox"/> BerEP4	<input type="checkbox"/> CD103	<input type="checkbox"/> HER-2/Neu (FDA)	<input type="checkbox"/> Oct-4	<input type="checkbox"/> TTF-1
<input type="checkbox"/> Beta HCG	<input type="checkbox"/> CD117 (C-KIT)	<input type="checkbox"/> HHV-8	<input type="checkbox"/> P120 Catinin	<input type="checkbox"/> Tyrosinase <input type="checkbox"/> Red or <input type="checkbox"/> Brown
<input type="checkbox"/> Beta-Catenin	<input type="checkbox"/> CD138	<input type="checkbox"/> HMB45 <input type="checkbox"/> Red or <input type="checkbox"/> Brown	<input type="checkbox"/> P16	<input type="checkbox"/> Uroplakin
<input type="checkbox"/> Bg8	<input type="checkbox"/> CD163	<input type="checkbox"/> HNFI-1 BETA	<input type="checkbox"/> P40	<input type="checkbox"/> Vimentin
<input type="checkbox"/> Bob.1	<input type="checkbox"/> CDX2	<input type="checkbox"/> HPV-6/11 TAT: 7 days	<input type="checkbox"/> P504s	<input type="checkbox"/> Wilms' Tumor 1 (WT1)
<input type="checkbox"/> BRAF (FDA)	<input type="checkbox"/> CEA, monoclonal	<input type="checkbox"/> HPV-16/18 TAT: 7 days	<input type="checkbox"/> P53	<input type="checkbox"/> AFB
<input type="checkbox"/> CA 125	<input type="checkbox"/> CEA, polyclonal	<input type="checkbox"/> HPV-31/33 TAT: 7 days	<input type="checkbox"/> P57	<input type="checkbox"/> Alcian Blue
<input type="checkbox"/> CA19-9	<input type="checkbox"/> Chromagranin A	<input type="checkbox"/> HSV type I	<input type="checkbox"/> P63	<input type="checkbox"/> Congo Red
<input type="checkbox"/> Caldesmon	<input type="checkbox"/> CK 5/6	<input type="checkbox"/> HSV type II	<input type="checkbox"/> PAX-5	<input type="checkbox"/> GMS
<input type="checkbox"/> Calponin	<input type="checkbox"/> CK7	<input type="checkbox"/> IgA	<input type="checkbox"/> PAX-8	<input type="checkbox"/> PD-1
<input type="checkbox"/> Calretinin monoclonal	<input type="checkbox"/> CK17	<input type="checkbox"/> IgG	<input type="checkbox"/> PAX-16	<input type="checkbox"/> PD-L1 22c3 (FDA) TAT: 48 hours
<input type="checkbox"/> CAM 5.2/CK8&18	<input type="checkbox"/> CK19	<input type="checkbox"/> IgG4	<input type="checkbox"/> PCK, AE1/AE3	<input type="checkbox"/> PD-L1 28.8 (FDA) TAT: 7 days (sendout)
<input type="checkbox"/> CD1a	<input type="checkbox"/> CK20	<input type="checkbox"/> IgM	<input type="checkbox"/> PD-1	<input type="checkbox"/> PD-L1 SP142 (FDA) TAT: 7 days (sendout)
<input type="checkbox"/> CD2	<input type="checkbox"/> CK903 (34βE12)	<input type="checkbox"/> Inhibin	<input type="checkbox"/> PD-1	<input type="checkbox"/> PD-L1 SP263 (FDA) TAT: 7 days (sendout)
<input type="checkbox"/> CD3	<input type="checkbox"/> CLDN18 (FDA)	<input type="checkbox"/> INSM1	<input type="checkbox"/> PIN-4	<input type="checkbox"/> Progesterone Receptor (PGR)
<input type="checkbox"/> CD4	<input type="checkbox"/> cMET (FDA)	<input type="checkbox"/> Kappa ISH (FDA)	<input type="checkbox"/> PRAME (Red)	<input type="checkbox"/> PSA
<input type="checkbox"/> CD5	<input type="checkbox"/> CMV	<input type="checkbox"/> Kappa light chain	<input type="checkbox"/> PSA	<input type="checkbox"/> PSAP
<input type="checkbox"/> CD7	<input type="checkbox"/> C-Myc	<input type="checkbox"/> Ki-67	<input type="checkbox"/> PSA	<input type="checkbox"/> PSMA
<input type="checkbox"/> CD8	<input type="checkbox"/> D2-40 (Podoplanin)	<input type="checkbox"/> Lambda ISH (FDA)	<input type="checkbox"/> PAS	
<input type="checkbox"/> CD10	<input type="checkbox"/> Desmin	<input type="checkbox"/> Lambda light chain	<input type="checkbox"/> PAS	
<input type="checkbox"/> CD15	<input type="checkbox"/> DOG-1	<input type="checkbox"/> LEF1	<input type="checkbox"/> PAS	
<input type="checkbox"/> CD19	<input type="checkbox"/> E-Cadherin	<input type="checkbox"/> Lysozyme	<input type="checkbox"/> PAS	
<input type="checkbox"/> CD20	<input type="checkbox"/> EBER (FDA)	<input type="checkbox"/> Mammaglobin	<input type="checkbox"/> PAS	
<input type="checkbox"/> CD21	<input type="checkbox"/> EMA	<input type="checkbox"/> Melan-A (MART-1) <input type="checkbox"/> Red or <input type="checkbox"/> Brown	<input type="checkbox"/> PAS	
<input type="checkbox"/> CD23	<input type="checkbox"/> Estrogen Receptor (ER)		<input type="checkbox"/> PAS	

Other: _____

PHYSICIAN SIGNATURE (REQUIRED)

Confirmation of Informed Consent & Statement of Medical Necessity:
I affirm each of the following: 1) Testing is medically necessary for the diagnosis of a disease or syndrome. 2) The results will be used in the patient's medical management and treatment decisions. 3) The person listed as the ordering physician is authorized by law to order the test(s) requested herein.

I am certified to order the test (s) listed above, such that these test (s) are medically necessary and I have obtained informed consent for the requested test (s) when pertinent.

Signature *(MANDATORY FOR TESTING) _____ Date _____