

IMMUNOCHEMISTRY AND SPECIAL STAIN REQUISITION FORM

PATIENT INFORMATION (REQUIRED)

Name _____, LAST FIRST MIDDLE
Date of Birth mm / dd / WYY Street _____
City _____ State _____ ZIP _____
MRN/Pt. ID/SSN # _____ Phone # _____
Gender Identity: Male Female
Ethnicity: African-American Jewish-Ashkenazi Adopted Asian
 Caucasian/NW European Jewish-Sephardic Native American
 Hispanic or Latino Middle Eastern Unknown Asked but Unknown
 Non-Hispanic or Non-Latino Other _____
 Choose not to disclose
Race: American Indian or Alaska Native Black or African American White
 Native Hawaiian or Other Pacific Islander Asian Unknown
 Asked but Unknown Other _____
 Choose not to disclose

PHYSICIAN INFORMATION (REQUIRED)

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

CLINICAL/SPECIMEN INFORMATION (REQUIRED)

Collection date / / 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 _____

BILLING INFORMATION (BOTH SIDES REQUIRED)

Insurance Non-hospital/office patient
 Client Out-patient hospital
 Patient In-patient hospital Discharge Date / /
 Independent ambulatory clinic/surgical center

ICD-10 CODE (REQUIRED)

Notes: _____

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)

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

LIST OF INDIVIDUAL TESTS (REQUIRED)

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

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"/> Actin Smooth Muscle (SMA) <input type="checkbox"/> ADH-5 <input type="checkbox"/> ALK D5F33 (FDA) <input type="checkbox"/> ALK-1 (FDA) <input type="checkbox"/> Alpha-1 Fetoprotein <input type="checkbox"/> Amyloid <input type="checkbox"/> Annexin A1 <input type="checkbox"/> Arginase <input type="checkbox"/> B72.3/TAG-72 <input type="checkbox"/> Bcl-1 (Cycin-D1) <input type="checkbox"/> Bcl-2 <input type="checkbox"/> Bcl-6 <input type="checkbox"/> BerEP4 <input type="checkbox"/> Beta HCG <input type="checkbox"/> Beta-Catenin <input type="checkbox"/> Bg8 <input type="checkbox"/> Bob.1 <input type="checkbox"/> BRAF (FDA) <input type="checkbox"/> CA 125 <input type="checkbox"/> CA19-9 <input type="checkbox"/> Caldesmon <input type="checkbox"/> Calponin <input type="checkbox"/> Calretinin monoclonal <input type="checkbox"/> CAM 5.2/CK8&18 <input type="checkbox"/> CD1a <input type="checkbox"/> CD2 <input type="checkbox"/> CD3 <input type="checkbox"/> CD4 <input type="checkbox"/> CD5 <input type="checkbox"/> CD7 <input type="checkbox"/> CD8 <input type="checkbox"/> CD10 <input type="checkbox"/> CD15 <input type="checkbox"/> CD19 <input type="checkbox"/> CD20 <input type="checkbox"/> CD21 <input type="checkbox"/> CD23	<input type="checkbox"/> CD25 <input type="checkbox"/> CD30 <input type="checkbox"/> CD31 <input type="checkbox"/> CD34 <input type="checkbox"/> CD43 <input type="checkbox"/> CD45 (LCA) <input type="checkbox"/> CD56 <input type="checkbox"/> CD57 <input type="checkbox"/> CD61 <input type="checkbox"/> CD68 <input type="checkbox"/> CD71 <input type="checkbox"/> CD79A <input type="checkbox"/> CD99 <input type="checkbox"/> CD103 <input type="checkbox"/> CD117 (C-KIT) <input type="checkbox"/> CD138 <input type="checkbox"/> CD163 <input type="checkbox"/> CDX2 <input type="checkbox"/> CEA, monoclonal <input type="checkbox"/> CEA, polyclonal <input type="checkbox"/> Chromagranin A <input type="checkbox"/> CK 5/6 <input type="checkbox"/> CK7 <input type="checkbox"/> CK17 <input type="checkbox"/> CK19 <input type="checkbox"/> CK20 <input type="checkbox"/> CK903 (34βE12) <input type="checkbox"/> CLDN18 (FDA) <input type="checkbox"/> cMET (FDA) <input type="checkbox"/> CMV <input type="checkbox"/> C-Myc <input type="checkbox"/> D2-40 (Podoplanin) <input type="checkbox"/> Desmin <input type="checkbox"/> DOG-1 <input type="checkbox"/> E-Cadherin <input type="checkbox"/> EBER (FDA) <input type="checkbox"/> EMA <input type="checkbox"/> Estrogen Receptor (ER)	<input type="checkbox"/> Folate receptor alpha (FOLR1/FRA) (FDA) <input type="checkbox"/> FVIII (von Willebrand) <input type="checkbox"/> FXIIa <input type="checkbox"/> Gastrin <input type="checkbox"/> GATA3 <input type="checkbox"/> GCDFP-15 <input type="checkbox"/> GFAP <input type="checkbox"/> GlycophorinA <input type="checkbox"/> Glypican-3 <input type="checkbox"/> Granzyme B <input type="checkbox"/> H. pylori <input type="checkbox"/> Red or <input type="checkbox"/> Brown <input type="checkbox"/> HBME-1 <input type="checkbox"/> Hepatocyte (HepParl) <input type="checkbox"/> HER-2/Neu (FDA) <input type="checkbox"/> HHV-8 <input type="checkbox"/> HMB45 <input type="checkbox"/> Red or <input type="checkbox"/> Brown <input type="checkbox"/> HNF1-1 BETA <input type="checkbox"/> HPV-6/11 TAT: 7 days <input type="checkbox"/> HPV-16/18 TAT: 7 days <input type="checkbox"/> HPV-31/33 TAT: 7 days <input type="checkbox"/> HSV type I <input type="checkbox"/> HSV type II <input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgG4 <input type="checkbox"/> IgM <input type="checkbox"/> Inhibin <input type="checkbox"/> INSM1 <input type="checkbox"/> Kappa ISH (FDA) <input type="checkbox"/> Kappa light chain <input type="checkbox"/> Ki-67 <input type="checkbox"/> Lambda ISH (FDA) <input type="checkbox"/> Lambda light chain <input type="checkbox"/> LEF1 <input type="checkbox"/> Lysozyme <input type="checkbox"/> Mammaglobin <input type="checkbox"/> Melan-A (MART-1) <input type="checkbox"/> Red or <input type="checkbox"/> Brown	<input type="checkbox"/> MMR Panel: <input type="checkbox"/> MLH-1 (FDA) <input type="checkbox"/> MSH-2 (FDA) <input type="checkbox"/> MSH-6 (FDA) <input type="checkbox"/> PMS-2 (FDA) <input type="checkbox"/> MITF-1 <input type="checkbox"/> MOC-31 <input type="checkbox"/> MUM1 <input type="checkbox"/> Myeloperoxidase <input type="checkbox"/> Napsin <input type="checkbox"/> NKX3.1 <input type="checkbox"/> NSE <input type="checkbox"/> Oct-2 <input type="checkbox"/> Oct-4 <input type="checkbox"/> P120 Catinin <input type="checkbox"/> P16 <input type="checkbox"/> P40 <input type="checkbox"/> P504s <input type="checkbox"/> P53 <input type="checkbox"/> P57 <input type="checkbox"/> P63 <input type="checkbox"/> PAX-5 <input type="checkbox"/> PAX-8 <input type="checkbox"/> PCK, AE1/AE3 <input type="checkbox"/> PD-1 <input type="checkbox"/> PD-L1 22c3 (FDA) TAT: 48 hours <input type="checkbox"/> PD-L1 28.8 (FDA) TAT: 7 days (sendout) <input type="checkbox"/> PD-L1 SP142 (FDA) TAT: 7 days (sendout) <input type="checkbox"/> PD-L1 SP263 (FDA) TAT: 7 days (sendout) <input type="checkbox"/> Progesterone Receptor (PGR) <input type="checkbox"/> PIN-4 <input type="checkbox"/> PLAP <input type="checkbox"/> PRAME (Red) <input type="checkbox"/> PSA <input type="checkbox"/> PSAP <input type="checkbox"/> PSMA	<input type="checkbox"/> RCC <input type="checkbox"/> S100 <input type="checkbox"/> Red or <input type="checkbox"/> Brown <input type="checkbox"/> SAT B2 <input type="checkbox"/> SMMS-1 (Myosin) <input type="checkbox"/> SOX-10 <input type="checkbox"/> Red or <input type="checkbox"/> Brown <input type="checkbox"/> SOX-11 <input type="checkbox"/> STAT-6 <input type="checkbox"/> STAT-1 <input type="checkbox"/> Synaptophysin <input type="checkbox"/> TdT <input type="checkbox"/> Thrombomodulin <input type="checkbox"/> Thyroglobulin <input type="checkbox"/> TIA-1 <input type="checkbox"/> Tryptase <input type="checkbox"/> TTF-1 <input type="checkbox"/> Tyrosinase <input type="checkbox"/> Red or <input type="checkbox"/> Brown <input type="checkbox"/> Uroplakin <input type="checkbox"/> Vimentin <input type="checkbox"/> Wilms' Tumor 1 (WT1)
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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 _____