

Reference Requisition

Lab Use Only Tech Initials: _____
 Result ID: _____
 Date/Time: _____



P. 210-646-0890 | F. 210-646-9191
 www.precisionpath.us

Client Information

Date: _____
 Requisition Completed by: _____
 Ordering Physician: _____
 Treating Physician: _____
 Authorized Signature: _____

Billing Information

Client Bill Insurance Bill | Auth # _____

REQUIRED: If billing insurance, please include a copy of patient demographics and front/back of insurance card.

Patient Information

Last Name: _____
 First Name: _____ MI _____
 Date of Birth: ____/____/____ Male Female
 Medical Record Number: _____

Specimen Information

Specimen ID / Block ID: _____
 Collection Date / Time: _____
 Hospital Discharge Date: _____
 Body Site: _____

Clinical Information

Diagnosis Code (ICD10): _____
 Requesting Component:
G = Global Performance **T** = Technical Only Performance
P = Professional Performance

Immunohistochemistry (clone)	Special Stains	Test Panels
<input type="checkbox"/> Alk1 (5A4) <input type="checkbox"/> Cytokeratin 5 (XM26) <input type="checkbox"/> MSH2 (Mismatch Repair Protein, 25D12) <input type="checkbox"/> BCL-1/Cyclin D1 (EP12) <input type="checkbox"/> Cytokeratin 17 (E3) <input type="checkbox"/> MSH6 (SP93) <input type="checkbox"/> BCL-2 (bcl-2/100/D5) <input type="checkbox"/> Cytokeratin 19 (b170) <input type="checkbox"/> Myeloperoxidase (59A5) <input type="checkbox"/> BCL-6 (LN22) <input type="checkbox"/> Cytokeratin 20 (Ks20.8) <input type="checkbox"/> Napsin A (IP64) <input type="checkbox"/> Ber-Ep4, Ep-Cam <input type="checkbox"/> Cytokeratin 7 (RN7) <input type="checkbox"/> P63 (4A4) <input type="checkbox"/> Calretinin (CAL6) <input type="checkbox"/> Cytokeratin 8/18 (5D3) <input type="checkbox"/> P504S (PIN Cocktail) <input type="checkbox"/> CD10 (56C6) <input type="checkbox"/> Cytokeratin- multi (AE1/AE3) <input type="checkbox"/> P53 (Hier) (DO-7) <input type="checkbox"/> CD117 (YR145) <input type="checkbox"/> Desmin (D33) <input type="checkbox"/> P57, Kip2 (25B2) <input type="checkbox"/> CD15 (carb-1) <input type="checkbox"/> E-Cadherin (36B5) <input type="checkbox"/> PAX-5 (1EW) <input type="checkbox"/> CD138 (MI15) <input type="checkbox"/> EMA (GP1.4) <input type="checkbox"/> PD-L1 (22C3) <input type="checkbox"/> CD20 (MJ1) <input type="checkbox"/> Estrogen Receptor (ER) (6F11) <input type="checkbox"/> PMS2 (EPR3947) <input type="checkbox"/> CD21 (2G9) <input type="checkbox"/> Factor XIIIa (E980.1) <input type="checkbox"/> Progesterone Receptor (PR) (16) <input type="checkbox"/> CD23 (1B12) <input type="checkbox"/> GATA-3 (L50-823) <input type="checkbox"/> Prostate Specific Antigen (PSA) (35H9) <input type="checkbox"/> CD3 (LN10) <input type="checkbox"/> Helicobacter Pylori (BC7) <input type="checkbox"/> S100 (4C4.9) <input type="checkbox"/> CD30 (JCM182) <input type="checkbox"/> Hepatocyte (Heppar-1) (OHC1E5) <input type="checkbox"/> Smooth Muscle Actin (SMA) (1A4) <input type="checkbox"/> CD34 (QBEnd/10) <input type="checkbox"/> HER2 Neu (EP3) <input type="checkbox"/> SOX-10 (Rabbit Polyclonal) <input type="checkbox"/> CD4 (4B12) <input type="checkbox"/> HHV8 (13B10) <input type="checkbox"/> Stathmin (SP49) <input type="checkbox"/> CD43 (MT1) <input type="checkbox"/> Herpes Simplex Virus 1 (HSV-1) (Rabbit Polyclonal) <input type="checkbox"/> CD45 (X16/99) <input type="checkbox"/> Ki-67 (MM1) <input type="checkbox"/> Synaptophysin (27G12) <input type="checkbox"/> CD5 (4C7) <input type="checkbox"/> Melan-A (A103) <input type="checkbox"/> TTF-1 (SPT24) <input type="checkbox"/> CD56 (CD564) <input type="checkbox"/> MOC-31, Ep-Cam <input type="checkbox"/> Vimentin (v9) <input type="checkbox"/> CD68 (KP-1) <input type="checkbox"/> MLH1 (Mismatch Repair Protein, ES05) <input type="checkbox"/> WT1 (6F-H2) <input type="checkbox"/> CD79a (11E3) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> CD8 (4B11) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> CDX2-88 (NCL) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Chromogranin A (5H7) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> CMV (DDG9/CCH2) <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Acid Fast Bacilli (AFB) <input type="checkbox"/> Alcian Blue <input type="checkbox"/> Congo Red <input type="checkbox"/> Copper <input type="checkbox"/> Diff Quik <input type="checkbox"/> FITE <input type="checkbox"/> GMS <input type="checkbox"/> Gram <input type="checkbox"/> Hematoxylin and Eosin (H&E) <input type="checkbox"/> Iron <input type="checkbox"/> Jones Silver Stain <input type="checkbox"/> Masson Trichrome <input type="checkbox"/> Mucicarmine <input type="checkbox"/> PAP <input type="checkbox"/> Periodic Acid Schiff's (PAS) <input type="checkbox"/> Periodic Acid Schiff's (PAS) without Distase <input type="checkbox"/> PAS-H <input type="checkbox"/> PASH Ribbon <input type="checkbox"/> Q-Stain <input type="checkbox"/> Reticulin Stain <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>Breast Panels</p> <input type="checkbox"/> Carcinoma In-Situ / CIS (ER, PR) <input type="checkbox"/> Invasive (ER, PR, HER2, Ki67, P53) <input type="checkbox"/> Invasive and HER2 FISH <input type="checkbox"/> FISH Single Probe (HER2) (ERBB2 17q12/SE17)
To request additional requisitions, please call 210-646-0890 or see www.precisionpathology.us.		

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Submission Requirements by Test Type

Global Performance

Technical-Only Performance

Special Stains

- For each stain:
- 2 USS cut at 4 microns
- For Congo Red stain, submit:
- 2 USS cut at 7 microns

- For each stain:
- 2 USS cut at 4 microns
- For Congo Red stain, submit:
- 2 USS cut at 7 microns

IHC Stains

- For each stain:
- 2 USS cut at 4 microns

- For each stain:
- 2 USS cut at 4 microns

HER2 Neu IHC

- Paraffin Block or 5 USS cut at 4-5 microns
- H&E slide (circled)
- Pathology Report

- Paraffin Block or 5 USS cut at 4-5 microns
- H&E slide (circled)
- Pathology Report

HER2 FISH

- Paraffin Block, or 4 USS cut at 4 microns, air-dried
- And, if available:
- H&E slide
 - IHC HER2 slide
 - ER slide
 - PR slide

- Paraffin Block, or 4 USS cut at 4 microns
- And, if available:
- H&E slide
 - IHC HER2 slide
 - ER slide
 - PR slide

EGFR

- Tissue:**
- Paraffin Block
 - 4 USS cut at 5 microns
 - 1 tissue curl minimum cut at 5 microns in 1.5mL conical tube (3 tissue curls preferred)
- And, if available:
- H&E slide
- Plasma:**
- Two 4mL EDTA tubes whole blood

Per FDA guidelines, this test is only performed globally.

Consultation

- All case slides
- All available Medical Records
- Letter of Interest