

**ALL ORANGE AREAS ARE REQUIRED.**

Practice name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**ANATOMIC PATHOLOGY/NON-GYN CYTOLOGY REQUISITION**

**http://pathlabs.ufl.edu**

**Patient information\***

Name (last, first, middle initial): \_\_\_\_\_ Sex:  Male  Female

Date of birth (MM/DD/YYYY): \_\_\_\_\_

Medical record/Patient ID#: \_\_\_\_\_

Place of service:  
 Hospital inpatient  Ambulatory surgical center  
 Hospital outpatient  Office/Non-hospital

**Billing information**

Along with this requisition, you **MUST** include copies of:

- The patient's demographics sheet;
- Both sides of the patient's insurance card(s); and
- Any secondary insurance information (if applicable).

**Provider information**

Ordering physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Ordering physician NPI #: \_\_\_\_\_

Duplicate report sent to: \_\_\_\_\_

Duplicate report fax: \_\_\_\_\_

**Clinical history narrative/Clinical question\*:**

*\*An Advance Beneficiary Notice of Noncoverage form must be completed and attached for all Medicare patients.*

Collection date: \_\_\_\_\_ Time: \_\_\_\_\_ : \_\_\_\_\_ A.M./P.M.

**Specimen information: Non-GYN cytology**

Body fluid:  CSF  Pleural  Peritoneal  Other (specify below) \_\_\_\_\_

FNA (specify site): \_\_\_\_\_

Lung BAL/Brushing (specify lobe): \_\_\_\_\_

Flow cytometry:  Flow cytometry for lymphoma (if indicated)

Urine:  Voided  Bladder washing  Other: \_\_\_\_\_  
 Reflex urine to UroVysion™ (if atypical/suspicious/positive)

\*Other (specify): \_\_\_\_\_

**Specimen information: Anatomic pathology**

**Tissue biopsy (designate sites):**

A: \_\_\_\_\_ E: \_\_\_\_\_

B: \_\_\_\_\_ F: \_\_\_\_\_

C: \_\_\_\_\_ G: \_\_\_\_\_

D: \_\_\_\_\_ H: \_\_\_\_\_

**Paraffin block testing**

Accession #: \_\_\_\_\_ Block: \_\_\_\_\_

**Breast carcinoma prognostic markers (image analysis)**

Cold ischemia time < 1 hour:  Yes  No

Fixative (neutral-buffered formalin):  Yes  No

Fixation time 6 - 72 Hours:  Yes  No

Comprehensive breast evaluation (ER/PR/Ki-67/HER2 IHC with reflex to FISH)

Breast cancer evaluation (ER/PR/HER2 IHC with reflex to FISH)

Estrogen Receptor (ER)  Progesterone receptor (PR)

HER2 IHC (HercepTest)  Ki-67 (MIB1)

HER2 (ERBB2) (FISH only)  pHH3 IHC (mitotic figures)

**Gastric/Gastroesophageal carcinoma**

HER2 immunohistochemistry with reflex to HER2 (ERBB2) FISH

Gastric HER2 (ERBB2) (FISH only)

**Colorectal carcinoma** \*Call for a complete list of genes tested.

Solid tumor next-generation sequencing panel (≥ 27 genes)\*

KRAS mutation  Extended KRAS and NRAS

Microsatellite instability (MSI by PCR)  BRAF mutation

MMR IHC (MLH1, MSH2, MSH6, PMS2)  EGFR mutation

**Lung carcinoma** \*Call for a complete list of genes tested.

Solid tumor next-generation sequencing panel (≥ 27 genes)\*

BRAF mutation  KRAS mutation

ALK FISH (FDA-approved)  EGFR mutation

**If EGFR/ALK are negative:**  Reflex ROS1 FISH  ROS1 FISH

**Melanoma/Thyroid** **Prostate**

BRAF mutation  C-Kit mutation  PTEN/EGR FISH

**Gestational Trophoblastic Disease/Molar Pregnancy Evaluation**

P57 and DNA ploidy

**UroVysion™/Urine FISH**

UroVysion™ with cytology  UroVysion™ only

**FISH (formalin-fixed paraffin blocks)**  PTEN/EGR FISH

ALK FISH  del 1p/19q FISH  FUS (16p11.2)

DDIT3 (12q13.3)  SS18 (SYT) (18q11.2)  EWSR (22q11)

MDM2 (12q15)  FOXO1 (13q14.11)  ROS1 FISH

**Other (specify):** \_\_\_\_\_