<b>UFH</b> ealth	
PATHOLOGY LABORATORIES	

ANATOMIC PATHOLOGY/NON-GYN CYTOLOGY REQUISITION

[]FHealth	Address:
PATHOLOGY LABORATORIES	E-mail:
ALL ORANGE AREAS ARE REQUIRED.	Phone:Fax:
Patient information*	Specimen information: Anatomic pathology
Name (last, first, middle initial): Sex: Male Female	Tissue biopsy (designate sites):
	A:E:
Date of birth (MM/DD/YYYY):	B:F:
	C:G:
Medical record/Patient ID#:	
Place of service:  ☐ Hospital inpatient ☐ Ambulatory surgical center	D:H: Paraffin block testing
☐ Hospital outpatient ☐ Office/Non-hospital	Accession #: Block:
Billing information	Breast carcinoma prognostic markers (image analysis)
Along with this requisition, you <u>MUST</u> include copies of:	Cold ischemia time < 1 hour: ☐ Yes ☐ No
• The patient's demographics sheet;	Fixative (neutral-buffered formalin):
Both sides of the patient's insurance card(s); and	<b>Fixation time 6 - 72 Hours:</b> ☐ Yes ☐ No
• Any secondary insurance information (if applicable).	☐ Comprehensive breast evaluation (ER/PR/Ki-67/HER2 IHC with reflex to FISH)
Provider information	☐ Breast cancer evaluation (ER/PR/HER2 IHC with reflex to FISH)
Ordering physician:	☐ Estrogen Receptor (ER) ☐ Progesterone receptor (PR)
	☐ HER2 IHC (HercepTest) ☐ Ki-67 (MIB1) ☐ HER2 (ERBB2) (FISH only) ☐ pHH3 IHC (mitotic figures)
Phone: Fax: Fax:	Gastric/Gastroesophageal carcinoma
Ordering physician NPI #:	☐ HER2 imunohistochemistry with reflex to HER2 (ERBB2) FISH
Ouplicate report sent to:	☐ Gastric HER2 (ERBB2) (FISH only)
Ouplicate report fax:	Colorectal carcinoma *Call for a complete list of genes tested.
Clinical history narrative/Clinical question*:	☐ Solid tumor next-generation sequencing panel (≥ 27 genes)*
An Advance Beneficiary Notice of Noncoverage form must be completed and attached for all Medicare patients.	☐ 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.
	<b>Lung carcinoma</b> * 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
Collection date: Time: A.M./P.M.	□ UroVysion™ with cytology □ UroVysion™ only
Specimen information: Non-GYN cytology	FISH (formalin-fixed paraffin blocks) □ PTEN/EGR FISH
Body fluid: □ CSF □ Pleural □ Peritoneal □ Other (specify below*)	□ ALK FISH □ del 1p/19q FISH □ FUS (16p11.2)
FNA (specify site):	□ DDIT3 (12q13.3) □ SS18 (SYT) (18q11.2) □ EWSR (22q11) □ MDM2 (12q15) □ FOXO1 (13q14.11) □ ROS1 FISH
Lung BAL/Brushing (specify lobe):	Other (specify):
Flow cytometry: Flow cytometry for lymphoma (if indicated)	
Urine: Voided Bladder washing Other:	
□ Reflex urine to UroVysion <sup>™</sup> (if atypical/suspicious/positive)	
Other (specify):	

**Practice name:**