

HIGHLIGHTED FIELDS REQUIRE DOCUMENTATION

Patient Information:
Name: Last
 First MI Phone
 Address:
 City State Zip
 Sex: Male Female Birthdate:
Please Bill To: Acct Patient/Insurance
 Subscriber's Name:
 Medicare #:
 Retirement date
 Medicaid #:
 Other/Secondary Insurance
 ID #:
 Address:



Histology

Laboratory Stain List

420 W. Magnetic St, Marquette MI 49855
906-225-3050 1-888-818-3879

Ordering Information:
Facility of Origin
 Specimen ID: # of Slides: # of blocks:
 Body Site: Collection Date:
 Diagnosis: (ICD9 format) required for each test billed to patient
 1 3
 2 4
 Limited coverage test denoted by * require a ICD code ABN is required if condition not covered by appropriate ICD code. PLEASE SIGN SEPARATE ABN AND ATTACH TO RX IN ORDER TO INSURE TIMELY RESULTS.
 Comments:
Requesting Physician:

Professional Pathology Consultation (88321) Please attach a copy of Pathology Report

Immunohistochemistry

(Technical Component Only)
 (Professional and Technical Component)

- | | | | | |
|-------------------------------------|---|---|---|--|
| <input type="checkbox"/> BER-EP4 | <input type="checkbox"/> CD43 | <input type="checkbox"/> CK34betaE12(HMW) | <input type="checkbox"/> MART-1/MELAN-A | <input type="checkbox"/> S-100 |
| <input type="checkbox"/> BCL-2 | <input type="checkbox"/> CD45(LCA) | <input type="checkbox"/> PAN CK (AE1/AE3/pck26) | <input type="checkbox"/> MOC-31 | <input type="checkbox"/> SMA |
| <input type="checkbox"/> BCL-6 | <input type="checkbox"/> CD68 | <input type="checkbox"/> CYCLIN D1 | <input type="checkbox"/> MSI - MLH-1 | <input type="checkbox"/> SMM HC |
| <input type="checkbox"/> CA19-9 | <input type="checkbox"/> CD79a | <input type="checkbox"/> DESMIN | <input type="checkbox"/> MSI - MSH-2 | <input type="checkbox"/> Synaptophysin |
| <input type="checkbox"/> Calretinin | <input type="checkbox"/> CD117(C-KIT) | <input type="checkbox"/> E-CADHERIN | <input type="checkbox"/> MSI - MSH-6 | <input type="checkbox"/> Thyroglobulin |
| <input type="checkbox"/> CD3 | <input type="checkbox"/> CD138 | <input type="checkbox"/> EMA | <input type="checkbox"/> NAPSIN A | <input type="checkbox"/> TTF-1 |
| <input type="checkbox"/> CD5 | <input type="checkbox"/> CDX2 | <input type="checkbox"/> ER | <input type="checkbox"/> NSE | <input type="checkbox"/> Vimentin |
| <input type="checkbox"/> CD10 | <input type="checkbox"/> CEA(Mono) | <input type="checkbox"/> FACTOR 13a | <input type="checkbox"/> P-16 | <input type="checkbox"/> WT-1 |
| <input type="checkbox"/> CD15 | <input type="checkbox"/> Chromogranin A | <input type="checkbox"/> GCDFP-15 | <input type="checkbox"/> P-57 (Kip-2) | |
| <input type="checkbox"/> CD20 | <input type="checkbox"/> CK 5/6 | <input type="checkbox"/> HSA | <input type="checkbox"/> P-63 | <input type="checkbox"/> Kappa (ISH) |
| <input type="checkbox"/> CD23 | <input type="checkbox"/> CK7 | <input type="checkbox"/> HER-2-NEU | <input type="checkbox"/> PAX-2 | <input type="checkbox"/> Lambda (ISH) |
| <input type="checkbox"/> CD30 | <input type="checkbox"/> CK8/18 (LMW) | <input type="checkbox"/> HMB-45 | <input type="checkbox"/> PIN-4 | |
| <input type="checkbox"/> CD31 | <input type="checkbox"/> CK19 | <input type="checkbox"/> H. PYLORI | <input type="checkbox"/> PR | <input type="checkbox"/> H&E 3 levels |
| <input type="checkbox"/> CD34 | <input type="checkbox"/> CK20 | <input type="checkbox"/> KI-67 (mib-1) | <input type="checkbox"/> PSA | <input type="checkbox"/> H&E Re-Cut |

Additional Stains _____

Special Stains

(Technical Component Only)
 (Professional and Technical Component)

- | | | |
|--|--|---|
| <input type="checkbox"/> Alcian Blue | <input type="checkbox"/> Iron | <input type="checkbox"/> Reticulum |
| <input type="checkbox"/> AFB (Kinyoun) | <input type="checkbox"/> Jones | <input type="checkbox"/> Sudan Black B |
| <input type="checkbox"/> B&B Gram | <input type="checkbox"/> Luxal Fast Blue | <input type="checkbox"/> Trichrome |
| <input type="checkbox"/> Bielschowsky | <input type="checkbox"/> Mucicarmine | <input type="checkbox"/> Toluidine Blue O |
| <input type="checkbox"/> Congo Red | <input type="checkbox"/> Oil Red O | <input type="checkbox"/> Verhoff-Van Gieson |
| <input type="checkbox"/> Fites | <input type="checkbox"/> PAS w/Diastase | <input type="checkbox"/> Warthin Starry |
| <input type="checkbox"/> Giemsa | <input type="checkbox"/> PAS | <input type="checkbox"/> Auramine-Rhodamine |
| <input type="checkbox"/> GMS | <input type="checkbox"/> PAS/Fungus | |

Additional Stains _____

Date Received at MGH _____ Date Returned _____

Additional Copy: _____ Authorized Signature: _____ Date: _____