COREPATH

Immunohistochemistry and Special Stains Requisition

6918 Camp Bullis Rd.
San Antonio, TX 78256
www.corepath.us
P 1.877.617.4445 | **F** 210.617.4457

REQUIRED ITEMS

1. Clinical Information 2. ICD 10 Codes 3. Face Sheet (Front and Back Copy of the Patient's Insurance Card and Demographic Information) 4. Provider's Signature 5. Name of Person Who Completed Requisition Form

PATIENT INFORMATION

Last Name _____

First Name _____ M.I. _____

DOB ____/____/____ (MM / DD / YYYY) Gender: ☐ Male ☐ Female ☐ Other _____

Address _____

City _____ State _____ Zip _____

Phone _____ Patient ID _____

PROVIDER INFORMATION

Authorized Provider Signature _____ Date ____/____/____ (MM / DD / YYYY)

Please Fax Duplicate Report to Additional Provider Fax _____

BILLING INFORMATION

Bill to: ☐ Insurance ☐ Medicare ☐ Referring Facility (Hospital/Client) ☐ Split Billing - Client (TC) and Insurance (PC) ☐ Patient

Patient Status: ☐ Inpatient (Hospital) ☐ Outpatient (Hospital) ☐ Non-Hospital ☐ ASC Prior Authorization # _____

CLINICAL INFORMATION

Indication(s) for Testing: _____

ICD-10 Codes: _____

SPECIMEN INFORMATION

Date Collected ____/____/____ (MM / DD / YYYY)

Time Collected ____:____ ☐ AM ☐ PM

Date Retrieved ____/____/____ (MM / DD / YYYY)

Date Discharged ____/____/____ (MM / DD / YYYY)

Specimen ID _____

BREAST ONLY

Cold ischemic time < 1 hour? ☐ Yes ☐ No

Formalin fixation duration 6-72 hours? ☐ Yes ☐ No

TISSUE BLOCKS

of Blocks _____

Tissue Type _____

CELL BLOCKS

of Blocks _____

Tissue Type _____

SLIDES

of Stained _____ Stain Type _____

# of Unstained _____

STAINS REQUESTED

IHC STAINS

Please select service: ☐ Global ☐ TC

- ☐ Adipophilin
- ☐ AE1/AE3 (Pan Cytokeratin)
- ☐ AFP
- ☐ ALK, D5F3 (Lung, FDA)
- ☐ Amyloid A
- ☐ Amyloid A&P Panel
- ☐ Amyloid P
- ☐ Androgen Receptor
- ☐ Annexin A1
- ☐ Arginase 1
- ☐ B72.3
- ☐ BAP1
- ☐ Ber-Ep4
- ☐ Beta Catenin
- ☐ CA19.9
- ☐ CA125
- ☐ CAM5.2
- ☐ Calcitonin
- ☐ Calponin
- ☐ Calretinin
- ☐ Carbonic Anhydrase IX (CA IX)
- ☐ Cathepsin K
- ☐ CD31
- ☐ CD44
- ☐ CD99
- ☐ CDK4
- ☐ CDX2
- ☐ CEA (M)
- ☐ CEA (P)
- ☐ Chromogranin A
- ☐ CK5/6
- ☐ CK7
- ☐ CK19
- ☐ CK20
- ☐ CK903 (34BE12)
- ☐ C-MYB
- ☐ Collagen IV
- ☐ D2-40 (Podoplanin)
- ☐ Desmin
- ☐ DOG1
- ☐ EBER (ISH)
- ☐ E-Cadherin
- ☐ Factor VIII
- ☐ Factor X111a
- ☐ FOXP1
- ☐ FSH
- ☐ Galectin
- ☐ Gastrin
- ☐ GATA3
- ☐ GCDFP15
- ☐ GCET1
- ☐ GFAP
- ☐ GH
- ☐ GLUT1
- ☐ Glypican-3
- ☐ HBME1
- ☐ HCG Beta
- ☐ HepPar1
- ☐ HER2 (nonbreast/nongastric)
- ☐ HMB45
- ☐ HPL
- ☐ HPV
- ☐ IDH1
- ☐ IMP3
- ☐ Inhibin
- ☐ INI1
- ☐ INSM1
- ☐ Ki-67 (MIB1)
- ☐ Ki-67 (Red)
- ☐ LEF1
- ☐ LH
- ☐ Mammaglobin
- ☐ MART-1/Melan A
- ☐ MDM2
- ☐ Mesothelin
- ☐ MITF
- ☐ MOC31
- ☐ MS Actin
- ☐ MUC2
- ☐ MUC5
- ☐ Mycobacterium
- ☐ MYOD1
- ☐ Myogenin
- ☐ Napsin A
- ☐ NF (Neurofilament)
- ☐ NKX3.1
- ☐ NSE
- ☐ p16
- ☐ p40
- ☐ p53
- ☐ p57
- ☐ p63
- ☐ p120 Catenin
- ☐ p504S
- ☐ PAX2
- ☐ PAX8
- ☐ PD1
- ☐ Perforin
- ☐ PHH3
- ☐ PLAP
- ☐ PRAME
- ☐ Prolactin
- ☐ PSA
- ☐ PSAP
- ☐ PSMA
- ☐ PTH
- ☐ PRAME
- ☐ RCC1
- ☐ S100
- ☐ S100p
- ☐ SATB2
- ☐ SMARCA4 (BRG1)
- ☐ SMM-HC
- ☐ Smooth Muscle Actin
- ☐ Smoothelin
- ☐ Somatostatin
- ☐ SOX10
- ☐ SOX10 (Red)
- ☐ STAT6
- ☐ Synaptophysin
- ☐ Thyroglobulin
- ☐ Thyroid Stimulating Hormone
- ☐ TTF1
- ☐ Uroplakin II
- ☐ Villin
- ☐ Vimentin
- ☐ WT1
- ☐ Other _____

☐ H&E RECUT

OTHER

BREAST MARKERS

Please select service: ☐ Global ☐ TC

- ☐ E-Cadherin
- ☐ ER
- ☐ HER2
- ☐ Ki-67 (MIB1)
- ☐ Ki-67 (Red)
- ☐ Mammaglobin
- ☐ PR

GASTROINTESTINAL

Please select service: ☐ Global ☐ TC

- ☐ MMR (MLH1, MSH2, MSH6, PMS2)
- ☐ MLH1
- ☐ MSH2
- ☐ MSH6
- ☐ PMS2

INFECTIOUS DISEASE

Please select service: ☐ Global ☐ TC

- ☐ Adenovirus
- ☐ CMV (IHC)
- ☐ CMV (ISH)
- ☐ EBER (ISH)
- ☐ H. Pylori
- ☐ HHV8
- ☐ HPV RNA (ISH)
- ☐ HSV 1/2
- ☐ Parvovirus
- ☐ Pneumocystis
- ☐ Spirochete
- ☐ Toxoplasma
- ☐ VZV

PD-L1'S

Please select service: ☐ Global ☐ TC

- ☐ PD-L1 22C3 (for KEYTRUDA®) Please specify cancer type: _____
- ☐ PD-L1 SP142 (for TECENTRIQ®) Please specify cancer type: _____
- ☐ PD-L1 28-8 (for OPDIVO®) Please specify cancer type: _____
- ☐ PD-L1 SP263 (for IMFINZI®, LIBTAYO® and TECENTRIQ®) Please specify cancer type: _____
- ☐ Other _____

IN-SITU HYBRIDIZATION

Please select service: ☐ Global ☐ TC

- ☐ CMV (ISH)
- ☐ EBER (ISH)
- ☐ HPV RNA (ISH)
- ☐ Kappa/Lambda (ISH)

DUAL/MULTIPLE STAINS

Please select service: ☐ Global ☐ TC ☐ PIN4

HEMATOPATHOLOGY

Please select service: ☐ Global ☐ TC

- ☐ ALK1
- ☐ Annexin A1
- ☐ BCL2
- ☐ BCL6
- ☐ BOB1
- ☐ BRAF V600E
- ☐ C-MYC
- ☐ CD1a
- ☐ CD2
- ☐ CD3
- ☐ CD4
- ☐ CD5
- ☐ CD7
- ☐ CD8
- ☐ CD10
- ☐ CD15
- ☐ CD20
- ☐ CD21
- ☐ CD23
- ☐ CD25
- ☐ CD30
- ☐ CD33
- ☐ CD34
- ☐ CD42b
- ☐ CD43
- ☐ CD45 (LCA)
- ☐ CD56
- ☐ CD57
- ☐ CD61
- ☐ CD68
- ☐ CD71
- ☐ CD79a
- ☐ CD117/cKIT
- ☐ CD123
- ☐ CD138
- ☐ CD163
- ☐ CXCL13
- ☐ Cyclin D1/BCL1
- ☐ EMA
- ☐ Fascin
- ☐ Glycophorin A
- ☐ Granzyme B
- ☐ IgA
- ☐ IgD
- ☐ IgG
- ☐ IgG4
- ☐ IgM
- ☐ Kappa/Lambda
- ☐ Ki-67 (MIB1)
- ☐ Ki-67 (Red)
- ☐ Lysozyme
- ☐ Myeloperoxidase (MPO)
- ☐ MUM1
- ☐ OCT2
- ☐ OCT4
- ☐ PAX5
- ☐ SOX11
- ☐ TCL1
- ☐ TCR BetaF1
- ☐ TdT
- ☐ TIA1
- ☐ TRAP
- ☐ Tryptase

SPECIAL STAINS

Please select service: ☐ Global ☐ TC

- ☐ AFB
- ☐ Alcian Blue
- ☐ Alcian Blue/PAS
- ☐ Elastic Stain
- ☐ FITE
- ☐ Fontana Masson
- ☐ GMS
- ☐ Iron
- ☐ Mucicarmine
- ☐ PAS
- ☐ PASD
- ☐ PASF
- ☐ Reticulin
- ☐ Trichrome
- ☐ Warthin Starry
- ☐ Wright Giemsa

HISTOLOGY SPECIAL INSTRUCTIONS

Requisition Completed by _____

LABORATORY USE ONLY

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PREFERRED SPECIMEN REQUIREMENTS

Specimen Type	Bone Marrow Morphology	Flow Cytometry	Routine Chromosome Analysis[1]	FISH[1]	PCR[1]	NGS	IHC/Immunostains
Peripheral Blood[2]	Two (2) smears/slides	2 mL sodium heparin[4] or EDTA[3]	5 mL sodium heparin[4] preferred, EDTA[3] acceptable	5 mL sodium heparin[4] preferred, EDTA[3] acceptable	4 mL EDTA[3]	5 mL EDTA[3] **Liquid Biopsy:** 10 mL minimum EDTA[3] or 30-50 ng/µl DNA/RNA in microfuge tube	N/A
Bone Marrow Aspirate	Five (5) smears/slides	2 mL EDTA[3] preferred, sodium heparin[4] acceptable	1-2 mL sodium heparin[4] preferred, EDTA[3] acceptable	1-2 mL sodium heparin[4] preferred, EDTA[3] acceptable	2 mL EDTA[3]	2 mL EDTA[3]	N/A
Bone Marrow Clot	2 mL clot (volume) in 10% NBF*. Two (2) touch prints.	N/A					N/A
Bone Marrow Core Biopsy & Touch Imprints	1 cm core (length) in 10% NBF*. Five (5) touch prints.	1-2 cm core (length) in RPMI	1-2 cm core (length) in RPMI	0.5 cm core (length) in RPMI	1-2 cm core (length) in RPMI	1-2 cm core (length) in RPMI	N/A
Lymph Node/Tissue (Fresh)	N/A	0.5 cm^3 in RPMI. Other fixatives not acceptable.			0.5 cm^3 in RNA fixative or 10% NBF*	0.5 cm^3 tissue in normal saline	FFPE tissue block preferred. 0.5 cm^3 in 10% NBF*.
Formalin Fixed Paraffin Embedded (FFPE) Block or Cut Slides	N/A	N/A	N/A	FFPE tissue block preferred. One (1) H&E stained slide and five (5) unstained slides.	FFPE tissue block preferred[5]. One (1) H&E stained slide and five (5) unstained slides.	One (1) H&E stained slide and six (6) to eight (8) unstained slides.	Four (4) to five (5) micron thick tissue sections on positively charges slides. Provide at least three (3) slides per requested antibody.
Fine Needle Aspirate (FNA)	N/A	RPMI				RPMI/Cell block	Cell block
Body Fluids	N/A	**CSF:** 5 mL in sterile container **Pleural:** 20 mL in ratio of 1 mL sodium heparin or ACD to 100 mL fluid				5 mL fluid/Cell block	Cell block

*NBF = Neutral Buffered Formalin

[1] Decalcified samples not acceptable | [2] Please provide copy of CBC if available | [3] EDTA = Lavender Top | [4] Sodium Heparin = Green Top | [5] Only for some tests; contact us for details or go to www.corepath.us

TEST NOTATIONS

IMFINZI® is a registered trademark of the AstraZeneca group of companies.
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SPECIMEN HANDLING AND TRANSPORTATION

Storage & Transport: Specimens should be received at CorePath within 72 hours from collection to ensure sample integrity and acceptable cell viability. Ship same day as drawn whenever possible. Peripheral blood and bone marrow should be shipped at room temperature. In hot weather, use cold pack for transport, making sure cold pack is not in direct contact with specimen. Body fluids and tissue should be shipped at 4°C.

Schedule a Pick-Up: Call CorePath Laboratories at 1.877.617.4445 to schedule a pick-up. In the San Antonio area, call 210.617.4445 to schedule a courier pick-up.

FOR MORE INFORMATION ON TESTING, VISIT WWW.COREPATH.US