



Dermatopathology Requisition

Date Specimen Collected: _____ **Time Specimen Collected:** _____ **STAT**

Laboratory Use Only

Accession Number _____ Date Received _____ Time Received _____

Practice Name _____ Practice ID _____ **Practice Contact Information**

Ordering Physicians _____ Address _____

_____ _____ City, State, Zip _____

_____ _____ Phone _____ Fax _____

Patient Information

(Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending) Attach Patient Demographics (Insurance Information).

First Name _____ Last Name _____ Middle Initial _____ Gender* _____

Address Line 1 _____ Address Line 2 _____ City _____ State _____ Zip _____

DOB _____ Cell/Home Phone _____ Email _____

Gender Identity* _____ Race* _____ Ethnicity* _____ Sexual Orientation* _____ **SS** _____

Site

Procedure

Specimen Site

A

Excision Saucerization
 Incisional Punch
 Shave Currette
 Laser Snip
 Other _____

B

Excision Saucerization
 Incisional Punch
 Shave Currette
 Laser Snip
 Other _____

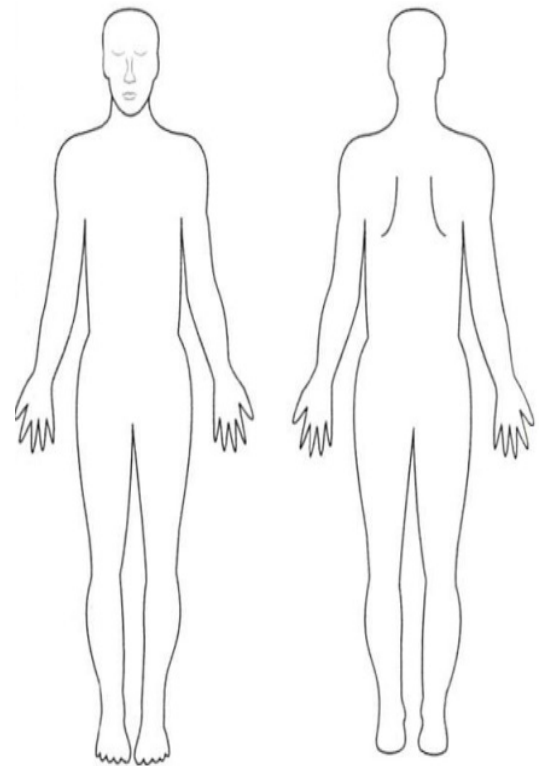
C

Excision Saucerization
 Incisional Punch
 Shave Currette
 Laser Snip
 Other _____

D

Excision Saucerization
 Incisional Punch
 Shave Currette
 Laser Snip
 Other _____

Anterior Front Posterior Back



Microbiology (eSwab)

Wound Microbiota and Bacterial Genotypic antibiotic resistance by PCR with Gram Stain [Liquid Amies/eSwab]
 Other _____

Synovial/Aspiration

Synovial Aspirate

Crystal Analysis for Gout Septic Arthritis
 Chronic Inflammation of Joint

Needle Aspirate of Cyst

Ganglion Cyst Other Cyst

ICD-10 Codes

- | | | |
|---|---|---|
| <input type="checkbox"/> L81.9 Pigmented Lesion | <input type="checkbox"/> L40.9 Psoriasis/Psoriatic Toenail | <input type="checkbox"/> M86.9 Osteomyelitis |
| <input type="checkbox"/> D22.9 Pigmented Nevus/melanocytic nevus | <input type="checkbox"/> L97.502 Foot Ulceration with Fat Layer Exposed | <input type="checkbox"/> D48.9 Neoplasm Uncertain Malignant/Benign |
| <input type="checkbox"/> B07.0 Verrucous Lesion/plantar wart | <input type="checkbox"/> L72.0 Inclusion/Cyst | <input type="checkbox"/> M79.9 Inflammatory/Soft Tissue Disorder |
| <input type="checkbox"/> C44.722 Squamous Cell Carcinoma of skin of right lower limb, including hip | <input type="checkbox"/> L60.3 Dystrophic Nail | <input type="checkbox"/> D17.20 Benign lipomatous neoplasm |
| <input type="checkbox"/> C44.729 Squamous Cell Carcinoma of skin of left lower limb, including hip | <input type="checkbox"/> M10.9 Gout | <input type="checkbox"/> L08.9 Local infection of skin and subcutaneous tissue, unspecified |
| <input type="checkbox"/> L30.9 Dermatitis | <input type="checkbox"/> M00.9 Septic Arthritis | <input type="checkbox"/> B36.8 Other specified superficial mycoses |
| <input type="checkbox"/> B35.3 Tinea Pedis | <input type="checkbox"/> M65.9 Synovitis and tenosynovitis, unspecified | <input type="checkbox"/> B35.1 Onychomycosis/tinea unguium |
| | <input type="checkbox"/> M67.479 Ganglion cyst | <input type="checkbox"/> _____ |

This test is medically necessary for the diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results will determine my patient's medical management and treatment decisions. The person listed as the ordering provider is authorized by law to order the test(s) requested herein.

Signature of Physician or Other Authorized NPI Provider (REQUIRED) _____ Date _____ Accessioner Initials 1 _____ 2 _____

Special Stains

AFB	GMS-fungus	PAS fungus	AB/PAS	Fontana Masson
Reticulum	Amyloid/CongoRed	Mucicarmine	PAS-diestase	Toludine Blue
Iron	Trichrome	Giemsa	PAS	

IHC Stains

Lymphoma/Leukemia DLBL LGBL Hodgkin

BCL-1	c-Myc	CD34	CD68
BCL-2	CD20	CD56	Granzyme B
BCL-6	CD21	CD79a	Lambda
CD3	CD4	Kappa	SOX11
CD23	Cyclin D	PAX-5	
CD8	CD45/LCA	EBER/EBARR (ISH)* ASR	
CD5	PDL	ALK	
CD61	MPO	Ki67	
CD10	TIA-1	CD163	
CD71	D2-40Podoplanin	CD7	
CD138	CD1a	CD15	
MUM-1	OCT2	CD30	
TdT	BOB	CD43	

Epithelial

AE1/AE3	CAM.2
OSCAR	MOC-31
PanKerat	EMA
BerEP4	CEA (M)
CEA(P)	CA 19-9
CA125	CK5
CK5/6	CK7
CK19	CK20
CK34 (K903, 34βE12)	

Urothelial

ERG
CK17
hTERT
CD44
GATA-4
p16* ASR

Prostate

ERG
NKX3.1
P504s* ASR
K903 (CK34, 34βE12)
PIN4 (CK5, CK14, P63, P504s)* ASR

Neuroendocrine

Chromogranin
Synaptophysin
Gastrin
CD56
NSE

Infectious

CMV* ASR
HSV1* ASR
HSV2* ASR
HPV Low ISH* ASR
HPV High ISH* ASR
Treponema Pallidum* ASR
H.Pylori
TB* RUO

Melanoma

HMB45
MelanA
S100
SOX-10
MiTF

Miscellaneous

CD117	ER	PLAP	Uroplakin
CDX2	PI6* ASR	TTF-1	Tryptase
Desmin	AFP	Calcitonin	
Vimentin	PAX-8	MOC-31	
C-erB/HER2* ASR	CK19	Calretinin	
α-1-A	P63	GATA-3	
β-Catenin	BerEP4	Mammaglobin	
B 72.3	OCT4	Calponin	
MSA	P53	Arginase-1	
P40	CD31	GFAP	
SMA	DOG-1	Factor 8	
WT1	OLIG2	Factor 13	

DNA Mismatch repair/MSI Panel

MLH1
MSH2
MSH6
PMS2

FISH

Urovysion
Barrett's Esophagus
Anorectal TERC
PTEN/ERG
HER-2 (Breast & Non-Breast)

Wound Microbiota and Bacterial Genotypic Antibiotic Resistance by PCR with Gram Stain

Gram-Negative Bacteria

<i>Acinetobacter baumannii</i>
<i>Bacteroides fragilis</i>
<i>Bacteroides vulgatus</i>
<i>Citrobacter freundii</i>
<i>Escherichia coli</i>
<i>Enterobacter cloacae</i>
<i>Fusobacterium necrophorum</i>
<i>Klebsiella pneumoniae</i>
<i>Proteus mirabilis</i>
<i>Pseudomonas aeruginosa</i>
<i>Morganella morganii</i>

Gram-Positive Bacteria

<i>Clostridium perfringens</i>
<i>Clostridium septicum</i>
<i>Corynebacterium striatum</i>
<i>Enterococcus faecalis</i>
<i>Fingoldia magna</i>
<i>Peptoniphilus harei</i>
<i>Peptostreptococcus anaerobius</i>
<i>Peptostreptococcus asaccharolyticus</i>
<i>Peptostreptococcus prevotii</i>
<i>Staphylococcus aureus</i>
<i>Staphylococcus haemolyticus</i>
<i>Staphylococcus lugdunensis</i>
<i>Staphylococcus saprophyticus</i>

<i>Streptococcus agalactiae</i>
<i>Streptococcus pyogenes</i>

Genotypic Resistance

ampC	VIM
KPC	IMP-7
OXA-1	OXA-48
NDM	CTX-M Group1
CTX-M Group2	ErmB
ErmC	mecA
mecC	QnrA
vanA	vanB

Fungal

<i>Candida albicans</i>
<i>Candida auris</i>
<i>Candida parapsilosis</i>