



Surgical Pathology, Non-GYN Cytology, Disaccharidase Requisition

INDICATE

Global Slide Processing (TC) Interpretation Only (PC)

SEND OUT:

CASE# Date Collected Date Received Time Received

Practice Name Practice ID Practice Contact Information
Ordering Physicians Address
Surgery Center Address Phone Fax

Patient Information

(Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending)

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

Billing Information

(Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending)

We file all primary and secondary insurance plans if information is provided.

Payer Medicare Insurance Patient Client Other

Patient Status Non-hosp Hosp in-patient Hosp out-patient

Insurance Carrier Pre-authorization Code Policy #/Insured ID # Group #

Claims Address City State Zip

Claims Phone # Policy Holder's Name

Policy Holder's Relationship to Patient Self Spouse Dependent Policy Holder's DOB Policy Holder's Sex

Indications/Pertinent Medical History Previous Pathology/Cytology

Breast Marker & GI HER2 Fixation (CAP/ASCO Requirement for Breast and Non-Breast)

Cold ischemic time <= 1 hour: Yes No Unknown
10% neutral buffered formalin: Yes No Unknown
HER2/ER/PgR Fixation duration 6 to 72 hours: Yes No Unknown

Non-GYN Cytology

Source & Site

Washing Type Brushing Type
Fluid Type Cyst Aspiration
FNA Site(s) Other
Gross Description/Fixative

FISH

Urovysion
Barrett's Esophagus
Anorectal TERC
PTEN/ERG (reflex if HGPIIN)
HER-2 (Breast & Non-Breast)
**See reverse side for details

Disaccharidase

Small Bowel Biopsy for
Disaccharides Testing
(Maltase, Lactase,
Sucrase, Palatinase)

Specimen Source & Site of Tissue

- A.
B.
C.
D.
E.
F.
G.
H.
I.
J.
K.

Discrepancy

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 Tech Initials 1

Special Stains

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

IHC Stains

Lymphoma/Leukemia DLBL LGBL Hodgkin

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

Epithelial

<i>AE1/AE3</i>	<i>CAM.2</i>
<i>OSCAR</i>	<i>MOC-31</i>
<i>PanKerat</i>	<i>EMA</i>
<i>BerEP4</i>	<i>CEA (M)</i>
<i>CEA(P)</i>	<i>CA 19-9</i>
<i>CA125</i>	<i>CK5</i>
<i>CK5/6</i>	<i>CK7</i>
<i>CK19</i>	<i>CK20</i>
<i>CK34 (K903, 34BE12)</i>	

Urothelial

<i>ERG</i>
<i>CK17</i>
<i>hTERT</i>
<i>CD44</i>
<i>GATA-4</i>
<i>p16* ASR</i>

Prostate

<i>ERG</i>
<i>NKX3.1</i>
<i>P504s* ASR</i>
<i>K903 (CK34, 34BE12)</i>
<i>PIN4 (CK5, CK14, P63, P504s)* ASR</i>

Neuroendocrine

<i>Chromogranin</i>
<i>Synaptophysin</i>
<i>Gastrin</i>
<i>CD56</i>
<i>NSE</i>

Infectious

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

Melanoma

<i>HMB45</i>
<i>MelanA</i>
<i>S100</i>
<i>SOX-10</i>
<i>MiTF</i>

Miscellaneous

<i>CD117</i>	<i>ER</i>	<i>PLAP</i>	<i>Uroplakin</i>
<i>CDX2</i>	<i>P16* ASR</i>	<i>TTF-1</i>	<i>Tryptase</i>
<i>Desmin</i>	<i>AFP</i>	<i>Calcitonin</i>	
<i>Vimentin</i>	<i>PAX-8</i>	<i>MOC-31</i>	
<i>C-erB/HER2* ASR</i>	<i>CK19</i>	<i>Calretinin</i>	
<i>α-1-A</i>	<i>P63</i>	<i>GATA-3</i>	
<i>β-Catenin</i>	<i>BerEP4</i>	<i>Mammaglobin</i>	
<i>B 72.3</i>	<i>OCT4</i>	<i>Calponin</i>	
<i>MSA</i>	<i>P53</i>	<i>Arginase-1</i>	
<i>P40</i>	<i>CD31</i>	<i>GFAP</i>	
<i>SMA</i>	<i>DOG-1</i>	<i>Factor 8</i>	
<i>WT1</i>	<i>OLIG2</i>	<i>Factor 13</i>	

DNA Mismatch repair/MSI Panel

<i>MLH1</i>
<i>MSH2</i>
<i>MSH6</i>
<i>PMS2</i>

FISH

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

Test Descriptions

Please see complete test descriptions and all available tests at our website, genesislaboratory.com.

Test Notations

Specimen Usage

Genesis Labs makes every effort to preserve and not exhaust tissue, but in small and thin specimens, there is a possibility of exhausting the specimen in order to ensure adequate material and reliable results.

**Breast HER2, ER, PgR (IHC) and Breast HER2 (FISH)

Breast specimens undergoing any of these tests should be invasive breast cancer or the invasive component of the breast cancer fixed in 10% neutral buffered formalin for at least 6 hours and no longer than 72 hours.

For global breast HER2 FISH cases, Genesis Labs will (if requested) reflex FISH to HER2 IHC if FISH results are consistent with CAP/ASCO 2018 result Groups 2, 3, or 4 for dual-probe ISH assays.

- Group 2: HER2/CEP17 ratio \geq 2.0 and average HER2 copy number \leq 4.0 signals/cell
- Group 3: HER2/CEP17 ratio \leq 2.0 and average HER2 copy number \geq 6.0 signals/cell
- Group 4: HER2/CEP17 ratio \leq 2.0 and average HER2 copy number \geq 4.0 and \leq 6.0 signals/cell

If ordering global HER2 FISH after HER2 IHC was already interpreted outside Genesis Labs, please send the HER2 IHC result and the path report. If that IHC result was 2+, please submit the HER2-stained IHC slide to Genesis Labs with the FISH order so that we may correlate our analysis. This includes stain-only cases that were not scanned by Genesis Labs. If outside HER2 IHC results were other than 2+, we do not request the IHC slide but still request the HER2 IHC report.

*Gender, Gender Identity, Race, Ethnicity, and Sexual Orientation are required by certain states and the CDC. For specimen pick up please call our Courier Line at 732-508-9154.