



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**
Address _____
Ordering Physicians _____ Phone _____
 _____ Fax _____

Patient Information

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

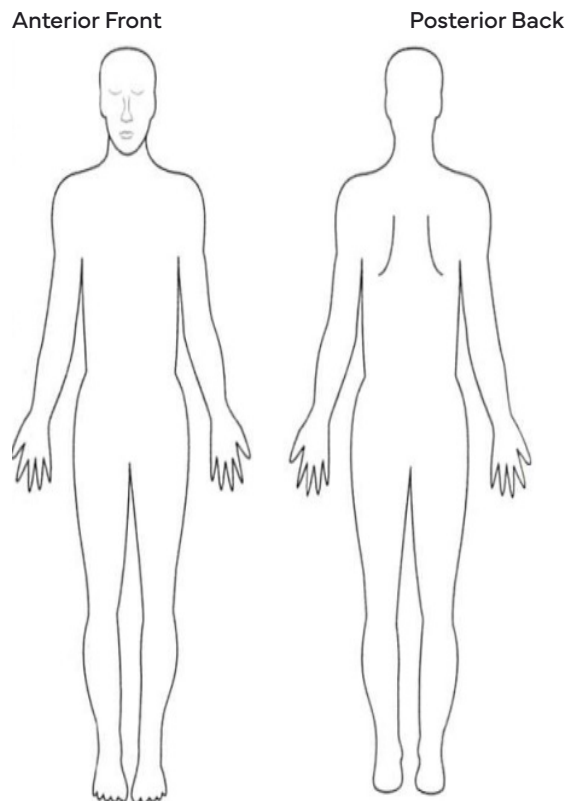
First Name _____ Last Name _____ Middle Initial _____ Gender* _____
Address Line 1 _____ Address Line 2 _____ City _____ State _____ Zip _____
DOB _____ Cell/Home Phone* _____ Email _____
Gender Identity* _____ Race* _____ Ethnicity* _____ Sexual Orientation* _____ **SS** _____

Site

Procedure

Specimen Site

| Site | Procedure |
|----------|--|
| A | <input type="checkbox"/> Excision <input type="checkbox"/> Incisional <input type="checkbox"/> Shave <input type="checkbox"/> Laser <input type="checkbox"/> Other _____ <input type="checkbox"/> Saucerization <input type="checkbox"/> Punch <input type="checkbox"/> Currette <input type="checkbox"/> Snip |
| B | <input type="checkbox"/> Excision <input type="checkbox"/> Incisional <input type="checkbox"/> Shave <input type="checkbox"/> Laser <input type="checkbox"/> Other _____ <input type="checkbox"/> Saucerization <input type="checkbox"/> Punch <input type="checkbox"/> Currette <input type="checkbox"/> Snip |
| C | <input type="checkbox"/> Excision <input type="checkbox"/> Incisional <input type="checkbox"/> Shave <input type="checkbox"/> Laser <input type="checkbox"/> Other _____ <input type="checkbox"/> Saucerization <input type="checkbox"/> Punch <input type="checkbox"/> Currette <input type="checkbox"/> Snip |
| D | <input type="checkbox"/> Excision <input type="checkbox"/> Incisional <input type="checkbox"/> Shave <input type="checkbox"/> Laser <input type="checkbox"/> Other _____ <input type="checkbox"/> Saucerization <input type="checkbox"/> Punch <input type="checkbox"/> Currette <input type="checkbox"/> Snip |



Microbiology (eSwab)

- Wound Microbiota and Bacterial Genotypic Antibiotic Resistance by PCR with Gram Stain [Liquid Amies eSwab/Puritan Opti-Swab]
- 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"/> L97.502 Foot Ulceration with Fat Layer Exposed | <input type="checkbox"/> C44.729 Squamous Cell Carcinoma of skin of left lower limb, including hip |
| <input type="checkbox"/> L30.9 Dermatitis | <input type="checkbox"/> M65.9 Synovitis and tenosynovitis, unspecified | <input type="checkbox"/> L08.89 Other specified local infections of the skin and subcutaneous tissue |
| <input type="checkbox"/> B35.3 Tinea Pedis | <input type="checkbox"/> D22.9 Pigmented Nevus/melanocytic nevus | <input type="checkbox"/> S91.301A Unspecified open wound, right foot, initial encounter |
| <input type="checkbox"/> L72.0 Inclusion/Cyst | <input type="checkbox"/> B07.0 Verrucous Lesion/plantar wart | <input type="checkbox"/> S91.302A Unspecified open wound, left foot, initial encounter |
| <input type="checkbox"/> L60.3 Dystrophic Nail | <input type="checkbox"/> D48.9 Neoplasm Uncertain Malignant/Benign | <input type="checkbox"/> S91.101A Unspecified open wound of right great toe without damage to nail, initial encounter |
| <input type="checkbox"/> M10.9 Gout | <input type="checkbox"/> M79.9 Inflammatory/Soft Tissue Disorder | <input type="checkbox"/> S91.102A Unspecified open wound of left great toe without damage to nail, initial encounter |
| <input type="checkbox"/> M00.9 Septic Arthritis | <input type="checkbox"/> D17.20 Benign lipomatous neoplasm | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> M67.479 Ganglion cyst | <input type="checkbox"/> B36.8 Other specified superficial mycoses | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> M86.9 Osteomyelitis | <input type="checkbox"/> B35.1 Onychomycosis/tinea unguium | |
| <input type="checkbox"/> L40.9 Psoriasis/Psoriatic Toenail | <input type="checkbox"/> C44.722 Squamous Cell Carcinoma of skin of right lower limb, including hip | |

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

| | | | | |
|------------------|-------------------------|--------------------|----------------------|-----------------------|
| <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-diacetase</i> | <i>Toluidine 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, 34βE12)</i> | |

Urothelial

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

Prostate

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|--|
| <i>ERG</i> |
| <i>NKX3.1</i> |
| <i>P504s* ASR</i> |
| <i>K903 (CK34, 34βE12)</i> |
| <i>PIN4 (CK5, CK14, P63, P504s)* ASR</i> |

Neuroendocrine

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|----------------------|
| <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

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|---------------|
| <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

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

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

Gram-Negative Bacteria

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|----------------------------------|
| <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

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| <i>Clostridium perfringens</i> |
| <i>Clostridium septicum</i> |
| <i>Corynebacterium striatum</i> |
| <i>Enterococcus faecalis</i> |
| <i>Finnegoldia 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

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

Fungal

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

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