



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 _____
 _____ Phone _____ Fax _____
 _____ **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 Disaccharidase Testing (Maltase, Lactase, Sucrase, Palatinase)

Specimen Source & Site of Tissue

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____
- I. _____

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