



Accession Info (For Genesis Lab Use)

Gastroenterology Pathology Requisition

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

Patient and Insurance Information (Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending)

Name _____ Cell/Home Phone* _____ Date of Birth _____
 Full Address _____ Email _____
 Gender* _____ Gender ID* _____ Race* _____ Ethnicity* _____ Sexual Orientation* _____
 Insured's Name _____ Relationship to Patient _____ Social Security # _____
 Cell/Home Phone _____ Date of Birth _____ Gender _____
 Primary Insurance _____ Secondary Insurance _____
 Group # _____ ID# _____ Group # _____ ID# _____
 Address _____ Address _____
 Pre-authorization Code _____ **Patient Status** Non-hosp Hosp in-patient Hosp out-patient

Indications/Pertinent Medical History _____

Previous Pathology/Cytology _____

FISH

- Barrett's Esophagus
 - Anorectal TERC
 - HER-2 (Non-Breast)
- **See reverse side for details

Disaccharidases

- Small Bowel Biopsy for Disaccharides Testing (Maltase, Lactase, Sucrase, Palatinase)
- Please select an ICD-10 Code Description from the bottom of this form.

Specimen Source & Site of Tissue

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

Discrepancy _____

Please hand write any special stains from the back _____

ICD-10 Code Descriptions for Disaccharidases Testing

- E73.8-Other lactose intolerance
- E73.9-Lactose intolerance, unspecified
- K21.00-Gastro-esophageal reflux disease with esophagitis, without bleed
- K21.9-Gastro-esophageal reflux disease without esophagitis
- R10.10-Upper abdominal pain, unspecified
- R10.11-Right upper quadrant pain
- R10.13-Epigastric pain
- R10.84-Generalized abdominal pain
- R11.10-Vomiting, unspecified
- R14.0-Abdominal distension (gaseous)

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 _____

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, 34βE12)</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, 34βE12)</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>

DNA Mismatch repair/MSI Panel

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

Melanoma

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

FISH

<i>Barrett's Esophagus</i>
<i>Anorectal TERC</i>
<i>HER-2 (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.

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.