



HISTOLOGY

<b>Last Name:</b> <b>REQUIRED</b>		<b>First Name:</b> <b>REQUIRED</b>		<b>M.I.</b>	
<b>Address:</b> <b>REQUIRED</b>			<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F <b>REQUIRED</b>	<b>Date of Birth:</b> <b>REQUIRED</b>	<b>Age:</b>	<b>SS#</b>	<b>Phone#</b>	
<b>Bill to:</b> <input type="checkbox"/> Patient <input type="checkbox"/> Facility <input type="checkbox"/> Physician <input type="checkbox"/> Other (Specify) _____ Relationship To Patient: <input type="checkbox"/> Self <input type="checkbox"/> Other (Name and Address) _____ <input type="checkbox"/> Insurance: <input type="checkbox"/> Medicare <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____ <b>Please Attach Copy Of Insurance Card If Appropriate</b>					
➔ <b>Date/Time Specimen Collected:</b> <b>REQUIRED</b>		➔ <b>Date/Time Specimen Received:</b> <b>REQUIRED</b>			
➔ <b>Surgeon: (Sign)</b> _____ <b>REQUIRED</b>		cc: _____			
➔ <b>Print Surgeon Name Here:</b> _____ <b>REQUIRED</b>		➔ <b>Nurse:</b> _____			
<input type="checkbox"/> OPSC _____		<input type="checkbox"/> Main OR _____			
<input type="checkbox"/> Cancer Center		<input type="checkbox"/> Other: _____			
➔ <b>Pre-Operative DX:</b> <b>REQUIRED</b>					
<b>All Specimen Information Required</b>			<b>Time Tissue Removed From Body</b>	<b>Time Tissue Placed in Formalin (note if &gt; 30 min.)</b>	
Specimen 1:					
Specimen 2:					
Specimen 3:					
<b>Additional Requested Service:</b> <input type="checkbox"/> Frozen Section (Diagram on Back of this Form) <input type="checkbox"/> Gross Photo <input type="checkbox"/> Fresh Tissue For Special Studies <input type="checkbox"/> Gross Assessment <input type="checkbox"/> Chromosome Studies <input type="checkbox"/> Special Stains Requested :					
<b>Clinical History (Including Previous Pathology):</b>					
<hr/> <p align="center"><b>(Print Ordering Physician Information Here)</b></p> <hr/>					
<b>- LAB USE ONLY -</b>					
<b>Part # to be stained</b> _____				<b>Adequacies/Frozen section results</b>	
<input type="checkbox"/> ADVME	<input type="checkbox"/> CK20	<input type="checkbox"/> HPY	<input type="checkbox"/> PR		
<input type="checkbox"/> AFB	<input type="checkbox"/> CK5/6	<input type="checkbox"/> ISINV	<input type="checkbox"/> PSA		
<input type="checkbox"/> AMEL	<input type="checkbox"/> CK7	<input type="checkbox"/> KI67	<input type="checkbox"/> PSAP		
<input type="checkbox"/> BEP4	<input type="checkbox"/> CONGO	<input type="checkbox"/> MOC31	<input type="checkbox"/> RETIC		
<input type="checkbox"/> BREAS	<input type="checkbox"/> DVL	<input type="checkbox"/> MUCIN	<input type="checkbox"/> S100		
<input type="checkbox"/> CALR	<input type="checkbox"/> ECAD	<input type="checkbox"/> P120	<input type="checkbox"/> SPRB		
<input type="checkbox"/> CD15	<input type="checkbox"/> ELAS	<input type="checkbox"/> P16	<input type="checkbox"/> SYNAP		
<input type="checkbox"/> CD117	<input type="checkbox"/> ER	<input type="checkbox"/> P63	<input type="checkbox"/> THYRO		
<input type="checkbox"/> CD138	<input type="checkbox"/> FE	<input type="checkbox"/> PANK	<input type="checkbox"/> TRICH		
<input type="checkbox"/> CD3	<input type="checkbox"/> GMS-F	<input type="checkbox"/> PAS	<input type="checkbox"/> TTF1		
<input type="checkbox"/> CD30	<input type="checkbox"/> GMS-P	<input type="checkbox"/> PASAB	<input type="checkbox"/> OTHER		
<input type="checkbox"/> CD34	<input type="checkbox"/> GRAM	<input type="checkbox"/> PAX5	_____		
<input type="checkbox"/> CDX2	<input type="checkbox"/> HER2	<input type="checkbox"/> PAX8	_____		
<input type="checkbox"/> CHROM	<input type="checkbox"/> HMB45	<input type="checkbox"/> PIN4	_____		