

PATIENT DEMOGRAPHIC AREA

NAME (LAST, FIRST, MI) _____

UVMHC - MRN _____ DOB _____

SEX _____ SOCIAL SECURITY NO. _____

M F

PROVIDER INFORMATION

REPORT CODE/ACCOUNT NAME _____ ADDITIONAL COPY TO (First and Last Name Required) _____ CLIENT I.D. _____

BILLING INFORMATION

- BILL INSURANCE**
FILL IN LINES 1-5
OR SEND FACE SHEET
- BILL CLIENT ACCOUNT**
FILL IN LINES 1-5
OR SEND FACE SHEET
- NO INSURANCE BILL PATIENT**
FILL IN LINES 1-2

RESPONSIBLE PARTY NAME _____ PHONE NO. _____
**Residents must document an attending physician

ADDRESS (STREET, TOWN, STATE, ZIP CODE) _____

MEDICARE NO. _____ MEDICAID NO. _____ MANAGED CARE MEDICAID NO. _____ STATE _____
*Medicaid in NY state requires physicians signature on all laboratory orders. See box below.

INSURANCE COMPANY NAME _____ CERT. NO. _____ GROUP NO. _____

SUBSCRIBER NAME _____ SUBSCRIBER'S DOB _____ RELATIONSHIP _____ EMPLOYER _____

SAMPLE AND DIAGNOSIS INFORMATION AREA - COMPLETE THIS SECTION FOR ALL SPECIMENS.

COLLECTION DATE _____ COLLECTION TIME _____ AM _____ PM _____ FAX TO # _____ CALL TO # _____

CLINICAL DIAGNOSIS (ICD-10) SIGNS, SYMPTOMS, PERTINENT HISTORY AND LAB DATA IS REQUIRED, NO R/O

DIAGNOSIS INFORMATION

LMP: _____
(First Day - Last Menstrual Period)

REFLEX OPTIONS: If you wish to decline reflex indicate here

- Do not perform any Her2 testing on this sample. Her2 testing is not performed on Core biopsies unless specifically requested.
- Do not perform Estrogen and Progesterone receptor testing on breast biopsies with only ductal carcinoma in situ (DCIS).
- Do not perform Cyto genetics on renal tumor, fatty tumor, bone tumor or soft tissue excision.
- Do not perform MLH1, PMS2, MSH2, MSH6 IHC staining on patients with colon cancer in malignant polyps or in colon cancer resections.
- Do not perform GenePanel Solid Tumor on "non-small cell lung cancer" or "carcinoma, suspected lung cancer primary" and designated unresectable.
- Do not perform 1p/19q deletion in Gliomas, FISH an brain tumor with oligodendroglioma features.
- Do not perform MGMT Promoter Methylation on brain tumor biopsy.
- Do not perform Hercep Test in metastatic gastro esophageal cancers.
- Do not perform BRAF V600E mutation analysis in biopsies of metastatic malignant melanoma.
- Do not perform Gene Panel Solid Tumor (NexGen Sequencing) on metastatic colorectal cancer.
- Do not perform PD-L1 Immunohistochemistry on "non-small cell lung cancer" or "carcinoma, suspected lung cancer primary" and designated unresectable.

SEE BACK OF THIS FORM FOR ANATOMIC PATHOLOGY REFLEX TESTING CRITERIA

SURGICAL PATHOLOGY (Tissue Samples)

NON-GYN CYTOLOGY TESTING (Cells/Fluid)

Tissue Submitted/Method Obtained	Surgical Pathology	Non-Gyn Cytology Testing
Time in Formalin: _____	Fine Needle Aspirate (FNA)	Urine, catheterized, cytology
	FNA Palpation	Urine, barbotage, cytology
	FNA Radiology Guided	Urine, post-cystoscopy, cytology
	Respiratory	Renal pelvis washing cytology
	Sputum cytology	Renal pelvis brushing cytology
	Bronchial washing cytology	Ureteral washing cytology
	Bronchial brushing cytology	Ureteral brushing cytology
	Transbronchial FNA	Miscellaneous
	Bronchoalveolar lavage cytology Special request on BAL	CSF cytology
		Skin Scraping cytology (Tzank prep)
	Gastrointestinal	Specify site
	Esophageal washing cytology	
	Esophageal brushing cytology	
	Gastric washing cytology	
	Gastric brushing cytology	
	Colonic brushing cytology	
	Fluids	
	Pleural fluid cytology	
	Peritoneal fluid / ascites cytology	
	Peritoneal washing cytology	Other
	Diaphragmatic washing cytology	
	Diaphragmatic brushing cytology	
	Urine	
	Urine, voided, cytology	

Must have at least 2 patient identifiers on each patient sample

ORDERING PHYSICIAN SIGNATURE _____ DATE _____ TIME _____