

PATIENT DEMOGRAPHIC INFORMATION

Ordering Provider: _____
(First and Last Name)

NAME (LAST, FIRST, MI)

UVMHC - MRN

DOB

SEX

SOCIAL SECURITY NO.

M F

Request to Add Hospital 802-885-2151

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

1 RESPONSIBLE PARTY NAME
*Residents must document an attending physician

PHONE NO.

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

3 MEDICARE NO.

MEDICAID NO.

MANAGED CARE MEDICAID NO.

STATE

*Medicaid in NY state requires physicians signature on all laboratory orders. See box below.

4 INSURANCE COMPANY NAME

CERT. NO.

GROUP NO.

5 SUBSCRIBER NAME

SUBSCRIBER'S DOB

RELATIONSHIP

EMPLOYER

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

COLLECTION DATE

COLLECTION TIME

Time in Formalin:

Fax to #:

Call to #:

SURGICAL PATHOLOGY (Tissue Samples)

LMP: _____
(First Day Last Menstrual Period)

STAT/Rush

For More Than 6 Specimens,
Fill Out a Separate Sheet

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 Cytogenetics on renal tumor, fatty tumor >10cm, bone tumor or soft tissue excision.

Do not perform MLH1, LMS2, MSH2, MSH6 IHC staining in patients with colon cancer in malignant polyps, colon cancer resections, or endometrial cancer in biopsy/curettage/resection.

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, or advanced Head and Neck squamous cell carcinoma.

SEE BACK OF THIS FORM FOR ANATOMIC PATHOLOGY REFLEX TESTING CRITERIA

Site (Laterality)	Collection Method	Clinical Diagnosis/Pertinent History	ICD-10 Code
1. L ___ R ___ M ___			
2. L ___ R ___ M ___			
3. L ___ R ___ M ___			
4. L ___ R ___ M ___			
5. L ___ R ___ M ___			
6. L ___ R ___ M ___			

NON-GYN CYTOLOGY TESTING (Cells/Fluid) – For Cytology Specimens Please Use Boxes 1-6 Above To Provide Site/Source Information.

Fine Needle Aspiration (FNA)	Urine	Gastrointestinal	Fluids	Respiratory
FNA Palpation	Urine, voided	Esophageal washing	Pleural fluid	Sputum
FNA radiology guided	Urine, catheterized	Esophageal brushing	Peritoneal fluid/ascites	Bronchial washing
Miscellaneous	Urine, barbotage	Gastric washing	Peritoneal washing	Bronchial brushing
CSF	Renal pelvis washing	Gastric brushing	Diaphragmatic washing	Transbronchial FNA
Skin scraping (Tzank prep)	Ureteral washing	Colonic brushing	Diaphragmatic brushing	Bronchoalveolar lavage (Special Request on BAL)
	Ureteral brushing			

Other:

ORDERING PHYSICIAN SIGNATURE

DATE

TIME

