



2119 E. 93rd / L15
Cleveland, OH 44106
216.444.5755 or 800.628.6816

PATHOLOGY CONSULT REQUISITION

<<FORM ID>>

PATIENT INFORMATION

(PLEASE PRINT IN BLACK INK)

Last NameFirstMI

AddressBirth DateSexM F

CitySS #

StateZipHome Phone

Hospital/Physician Office Patient ID #Accession #

MEDICAL NECESSITY NOTICE: When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

INSURANCE BILLING INFORMATION

(PLEASE ATTACH CARD OR PRINT IN BLACK INK)

BILL TO:

☐ Client/Institution☐ Medicare☐ Insurance (Complete insurance information below)☐ Patient

PATIENT STATUS:

☐ Inpatient☐ Outpatient☐ Non-Hospital PatientHospital discharge date: / /

PRIMARY:

☐ Medicare☐ Medicaid☐ Other Ins. SelfSpouseChild

Subscriber Last NameFirstMI

Beneficiary / Member #Group #

Claims AddressCityStateZip

SECONDARY:

☐ No☐ Yes (if Yes, please attach)

DIAGNOSIS CODE (REQUIRED)ICD-9 Codes: 1. 2. 3.

CLINICAL INFORMATION

☐ See Attached Letter☐ Copy of Pathology Report: (REQUIRED)

Brief Clinical History:

PATHOLOGY CONSULTATION REQUEST

☐ Pathology Consultation

Please check below for a Preferred Subspecialty Group

In addition to what has been ordered, the Cleveland Clinic Pathologist is authorized to add other testing as needed to assist in evaluation.

☐ Breast☐ Cardio☐ Cyto☐ Derm☐ GI☐ GU☐ GYN☐ Head/Neck

☐ Hepatic☐ Heme☐ Kidney☐ Neuro☐ Ortho☐ Pulmonary☐ Soft Tissue

☐ Special Stain(s) Requested:

MOLECULAR TESTING ON TISSUE SPECIMENS

BREAST

☐ HER2 (FISH)

COLON/GI

☐ MSI-Microsatellite Instability Analysis (PCR) *MSI-3*☐ BRAF Mutation (PCR) *BRAF*☐ KRAS (PCR) *KRAS*☐ HER2 Gastric (FISH)

GENITOURINARY

☐ PCA3 *PCA3*

GLIOMA

☐ Malignant Glioma (1p, 19q) (FISH)☐ 1p LOH Analysis by PCR (PCR)☐ 19q LOH Analysis by PCR (PCR)☐ MGMT Methylation with Pyrosequencing

LUNG

☐ ALK for NSCLC (FISH) *ALKFSH*☐ ALK ThinPrep for NSCLC (FISH) *FSHTPA*☐ EGFR Mutation, Tissue (PCR) *EGFRTI*☐ EGFR Mutation, Cell Pellet (PCR) *EGFRCP*☐ KRAS Mutation (PCR) *KRAS*☐ BRAF Mutation (PCR) *BRAF*

LYMPHOMA

☐ B Cell Clonality – IGH and IGK (PCR) *BCBMD*☐ T Cell Clonality – TCRB and TCRG (PCR) *TCBMD*☐ IGH/BCL2 (PCR) *BCL2*☐ BCL6 (3q27) Rearrangement (FISH)☐ MALT1 (18q21) Rearrangment (FISH)☐ MYC (8q24) Rearrangement (FISH)

MELANOMA

☐ BRAF V600 *BRAF*☐ Melanoma Panel (FISH) *CMFISH*

SOFT TISSUE

☐ EWSR1 (22q12) Rearrangement (FISH)☐ SYT (18q11) Translocation (FISH)☐ FOXO1A (FKHR) (13q14) Translocation (FISH)☐ DDIT3 (CHOP) 12q13 Translocation (FISH)☐ MDM2 Amplification (FISH)

CLIENT INFORMATION

ORDERING PHYSICIAN CONTACT

Physician Name

Physician NPI#

Physician Phone

Physician Email

☐ Call Results to phone number: ()

☐ Fax report to: ()

SPECIMEN INFORMATION

Collection Date: / / Time:

Body Site:Client Case #:

Specimen ID#

☐ Blocks:UnstainedStained

☐ Slides:UnstainedStained

☐ Other:

FREQUENTLY REQUESTED TESTS

☐ Amyloid Typing by Mass Spectrometry

☐ Direct Immunofluorescence

☐ DNA Fingerprinting (specimen identification, floaters)

☐ Electron Microscopy (tissue must be fixed in glutaraldehyde)

☐ Other:

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