Washington University Physicians®

PATHOLOGY: Histology & IHC

Ship samples to:

Washington University Pathology Services
Attention: AMP Core Lab
509 S. Euclid Ave. | MSC, 8024-14-04
St. Louis, MO 63110
Tel: (314) 747-1100 | Fax: (314) 362-4080

Office use only
Date/Time Received:
Accession Number:
Technician Initial:
Received:

This requisition has two pages, please complete all pages.

PATIENT IDENTIFICATION				PHYSICIAN ORDERING TEST *(NPI required)*		
Name Last:	First:		MI:	Name Last:	First:	MI:
DOB (mm/dd/yyyy):	Sex:	Male: ☐ Female: ☐		NPI:	Email:	
Medical Record # (if applicable):				Phone:	Fax:	
				Pager:		
Address:				Address:		
City:	State:	Zip:		City:	State:	Zip:

SPECIMEN INFORMATION

Date of biopsy:
Outside case number:
Other notes:

REASON FOR TESTING *(required)*

Diagnosis:
ICD10 Code(s):

TESTING REQUESTED *(check all that apply)*

Special Stains
- ☐ AFB
- ☐ Alcian Blue 2.5
- ☐ Alcian Blue/PAS
- ☐ Bielschowsky
- ☐ Bile
- ☐ Colloidal Iron
- ☐ Congo Red
- ☐ Copper
- ☐ Elastic (VVG)
- ☐ Fite
- ☐ Fontana-Masson
- ☐ GMS
- ☐ Iron Stain
- ☐ Jones' Silver
- ☐ Leder
- ☐ LFB/PAS
- ☐ Melanin Bleach
- ☐ Mucicarmine
- ☐ Pentachrome
- ☐ PAS
- ☐ PAS w/Diastase
- ☐ Reticulin, Gomori's
- ☐ Thioflavin S
- ☐ Trichrome
- ☐ Von Kossa - Calcium

Antibodies
- ☐ a-Synuclein
- ☐ a-Synuclein Red
- ☐ Actin, Smooth Muscle
- ☐ ALK-1
- ☐ BCL-2
- ☐ BCL-6
- ☐ Beta-amyloid
- ☐ Beta-catenin
- ☐ C-Kit
- ☐ C-MYC
- ☐ CA 19-9
- ☐ CA125
- ☐ Calcitonin
- ☐ Caldesmon
- ☐ Calretinin
- ☐ CD10
- ☐ CD138
- ☐ CD15
- ☐ CD163
- ☐ CD1a
- ☐ CD2
- ☐ CD20
- ☐ CD21
- ☐ CD23
- ☐ CD3
- ☐ CD30
- ☐ CD31
- ☐ CD34
- ☐ CD4
- ☐ CD43
- ☐ CD45
- ☐ CD5
- ☐ CD56
- ☐ CD57
- ☐ CD61
- ☐ CD68
- ☐ CD68 Red
- ☐ CD7
- ☐ CD79a
- ☐ CD8
- ☐ CD99
- ☐ CDX-2
- ☐ CEA mono
- ☐ Chromogranin A
- ☐ CK-Cam 5.2
- ☐ CK-HMW
- ☐ CK-pan
- ☐ CK 19
- ☐ CK 20
- ☐ CK 5/6
- ☐ CK 7
- ☐ CK 8/18
- ☐ Collagen, Type IV
- ☐ Cyclin D1
- ☐ D2-40 Podoplanin
- ☐ Desmin
- ☐ E-cadherin
- ☐ EMA
- ☐ ER
- ☐ Factor XIIIa
- ☐ GATA 3
- ☐ GCDFP-15
- ☐ GFAP
- ☐ Glycophorin A
- ☐ Glypican-3
- ☐ Granzyme B
- ☐ HePar-1
- ☐ Her2
- ☐ HMB-45
- ☐ HMB-45 Red
- ☐ IgG4
- ☐ Inhibin
- ☐ INI-1
- ☐ Ki-67
- ☐ Lysozyme
- ☐ Mammaglobin
- ☐ Melan-A (Red)
- ☐ MLH-1
- ☐ MPX
- ☐ MSH-2
- ☐ MSH-6
- ☐ MUM1
- ☐ Myogenin
- ☐ Napsin A
- ☐ Neurofilament
- ☐ Oct-4
- ☐ P16 INK4a
- ☐ P40
- ☐ P53
- ☐ P63
- ☐ PAX-5
- ☐ PAX-8
- ☐ PHF-Tau
- ☐ PLAP
- ☐ PMS-2
- ☐ PR
- ☐ PSA
- ☐ PSAP
- ☐ pTDP-43
- ☐ RCC
- ☐ S-100
- ☐ SMA
- ☐ SV40
- ☐ Synaptophysin
- ☐ TdT
- ☐ Thyroglobulin
- ☐ TTF-1
- ☐ Vimentin
- ☐ WT-1

ISH Probes
- ☐ Kappa light chain
- ☐ Lambda light chain
- ☐ EBER

ADDITIONAL COMMENTS:

Healthcare Professional Signature to Authorize Testing and Statement of Medical Necessity
I certify that the patient specified above and/or their legal guardian has been informed of the benefits, risks, and limitations of the laboratory test(s) requested and Informed Consent has been obtained, as well as any other consent from the patient required by my state in order to perform a genetic test on a specimen has been obtained. I further certify that the test(s) requested is/are medically necessary and the results of this test will be used in the medical management of the patient.

Signature:
Date:

PATIENT INFORMATION			
Last Name:	First Name:	MI:	DOB (mm/dd/yyyy):

INSURANCE AND PRECERTIFICATION

Patients are responsible for non-covered services, deductibles, co-insurance, contract exclusions, non-authorized services, and remaining balances after insurance reimbursement. Washington University School of Medicine can only accept authorized Missouri and Illinois MEDICAID covered charges for genetic testing. Other out-of-state welfare programs cannot be billed. Please contact our Patient Accounts Manager office at 314-362-5641 or via e-mail at path-billing@email.wustl.edu for complete insurance filing information and the managed care contract list.

Prior Authorization Number:	ICD10 Code(s):	
CPT Codes and Units Authorized:		
ATTACH COPY OF INSURANCE CARD (if not available, complete the following)		
Policy Holder's Name: Last First MI	Insurance Co. Name:	
	Insurance Co. Phone:	
Policy Holder's Date of Birth (mm/dd/yyyy):	Plan Name:	
Relationship to patient:	ID#:	Group#:

SELF-PAY / PATIENT FINANCIAL ASSISTANCE

Patients who are self-pay should contact our office to arrange for payment. Financial assistance may be available. For more information, contact our Patient Accounts Manager office at 314-362-5641 or via e-mail at path-billing@email.wustl.edu.

Reference Laboratories: complete section below

INSTITUTIONAL BILLING		
Institution Name:		
Contact Name:		
Email:		
Billing Address:		
City:	State:	Zip:
Phone:	Fax:	