MPA

MORRISTOWN PATHOLOGY ASSOCIATES
MORRIS PLAINS, NJ · 973-971-5289

MOLECULAR / IHC REQUISITION

Atlantic Health System

PATIENT

NAME: Last/First | CASE #: | DATE OF SERVICE:

STREET / APT #:

CITY / STATE / ZIP:

PHONE #: | DATE OF BIRTH:

SOCIAL SECURITY #: | SEX: ☐ Male ☐ Female

BILLING INFORMATION ATTACH INSURANCE FACE SHEET

INSURANCE - PRIMARY Please attach copy of insurance card

CARRIER: | SUBSCRIBER:

☐ Commercial ☐ HMO ☐ Medicare ☐ Medicaid | DOB:

INSURANCE ID #: | GROUP #:

INSURANCE - SECONDARY

CARRIER: | INSURANCE ID #:

PHYSICIAN

___ INPATIENT ___ OUTPATIENT ___ OFFICE

PRE-OPERATIVE DX/ICD 9 CODE:

CLINICAL INFORMATION

☐ Breast CA ☐ Colorectal CA ☐ Gastro-esophageal CA ☐ Lung CA ☐ Lymphoma
☐ Prostate CA ☐ Sarcoma ☐ Other: _____

SPECIMEN INFORMATION

Body Site: _____

Specimen ID(#)s: _____

Collection Date: _____

Discharge Date: _____

Physician Order Date: _____

Breast Marker Studies Fixation (CAP/ASCO Requirement)

Cold Ischemic time ≤ 1 hour: ☐ Yes ☐ No
10% neutral buffered formalin ☐ Yes ☐ No ☐Unknown
HER2 fixation duration >6 and <72 hours: ☐ Yes ☐ No ☐Unknown
ER/PR Fixation duration >6 and <72 hours:* ☐ Yes ☐ No ☐Unknown

*If ER/PR/HER2 is ordered on same block, proper fixation is 6-72 hrs.
If ER/PR is ordered alone, proper fixation is 6-72 hrs.

IHC MARKERS

☐ ER/PR
☐ ER/PR/Ki-67
☐ ER/PR/Ki-67/HER2 FISH
☐ HER2 BY FISH
☐ PIN4

☐ MMR Profile
MSH2 **MSH6**
MLH1 **PMS2**
☐ MSI (MMR Reflex)

☐ TS
☐ ERCC1
☐ Other: _____

MOLECULAR

☐ KRAS Mutation Analysis
☐ EGFR Mutation Analysis
☐ pTEN
☐ KRAS and EGFR

☐ ALK-1
☐ BRAF
☐ P13K
☐ EGFR (FISH)

☐Other _____

INDIVIDUAL ANTIBODIES

AUTHORIZATION: _____
PATIENT SIGNATURE

_____
PHYSICIAN SIGNATURE DATE

NOT PART OF PERMANENT RECORD

LAB USE ONLY