



Wisconsin Diagnostic Laboratories  
9200 W. Wisconsin Avenue  
Milwaukee, WI 53226  
P: (414) 805-7600

**PATHOLOGY CONSULT REQUISITION**

PATIENT INFORMATION				ORDERING PHYSICIAN INFORMATION			
LAST NAME		FIRST NAME		MI	OFFICE / PRACTICE / INSTITUTION NAME		
MEDICAL RECORD #		DOB		GENDER <input type="checkbox"/> M <input type="checkbox"/> F		ACCOUNT #	
STREET ADDRESS				APT. #			
CITY		STATE	POSTAL CODE	COUNTRY		STREET ADDRESS	
PATIENT PHONE # (PRIMARY)				PHONE		FAX	
HAS THE PATIENT HAD ANY TYPE OF TRANSPLANT?				EMAIL ADDRESS			

ADDITIONAL PHYSICIAN (If different than above)				PATHOLOGY INFORMATION			
NAME		FACILITY		PATHOLOGIST		PATHOLOGY SERVICES	
ADDRESS		CITY		STATE		HOSPITAL	
PHONE		FAX		ZIP		CITY	
						STATE	
						ZIP	

BILLING					
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.					
<b>INSURANCE BILLING INFORMATION</b> (PLEASE ATTACH CARD OR PRINT IN BLACK INK)					
<b>BILL TO:</b> <input type="checkbox"/> Client/Institution <input type="checkbox"/> Medicare <input type="checkbox"/> Insurance (Complete insurance information below or attach) <input type="checkbox"/> Patient					
<b>PATIENT STATUS:</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-Hospital Patient Hospital discharge date: ____/____/____					
<b>ABN:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>PRIMARY:</b> <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Ins. _____ <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child					
<b>SECONDARY:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, please attach)					
SUBSCRIBER LAST NAME		FIRST		MI	
CLAIMS ADDRESS		CITY		STATE	
				BENEFICIARY / MEMBER #	
				GROUP #	
				ZIP	

<b>DIAGNOSIS CODE (REQUIRED)</b> ICD-10 Codes					
DATE SPECIMEN COLLECTED		TIME		DATE ORDERED	
				<input type="checkbox"/> AM <input type="checkbox"/> PM	

CLINICAL INFORMATION	PATHOLOGY CONSULTATION REQUEST
<input type="checkbox"/> See Attached Letter <input type="checkbox"/> Copy of Pathology Report: (REQUIRED)	<input type="checkbox"/> Pathology Consultation <input type="checkbox"/> Pathologist Requested: _____
Brief Clinical History: _____	<b>Please check below for a Preferred Subspecialty Group.</b> <i>In addition to what has been ordered, the MCW PRL Pathologist is authorized to add other testing as needed to assist in evaluation.</i>
_____	<input type="checkbox"/> Breast <input type="checkbox"/> Cardio <input type="checkbox"/> Cyto <input type="checkbox"/> Derm <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> GYN <input type="checkbox"/> Head/Neck <input type="checkbox"/> Hepatic <input type="checkbox"/> Heme <input type="checkbox"/> Kidney <input type="checkbox"/> Neuro <input type="checkbox"/> Ortho <input type="checkbox"/> Pulmonary <input type="checkbox"/> Soft Tissue
_____	<input type="checkbox"/> Special Stain(s) Requested: _____ <input type="checkbox"/> IHC (Specify on back of form)

SPECIMEN INFORMATION		
BODY SITE	CLIENT CASE #	SPECIMEN ID #
<input type="checkbox"/> Blocks: # _____ <input type="checkbox"/> Slides: # Unstained ____ # Stained ____	<input type="checkbox"/> Other: _____	

PLEASE ATTACH THE FOLLOWING
<input type="checkbox"/> COPY OF RECENT PATHOLOGY/CYTOLOGY REPORTS <input type="checkbox"/> TEST RESULTS FROM ALL OTHER MOLECULAR DIAGNOSTIC ASSAYS BY FISH, IGH, OR OTHER GENETIC ASSAYS, E.G. ER, PR, HER2, EGFR KRAS, ETC. <input type="checkbox"/> FRONT / BACK COPY OF INSURANCE CARD

My signature indicates that I believe the above ordered test(s) to be medically necessary and I agree to pay all consultation fees and costs associated with completing this consultation. I also understand that if the patient's insurance is billed, the patient will be responsible for any co-pays, deductibles, and/or provide payment in full if the claim is denied by their insurance for whatever reason. For instances where we are required by law to bill the technical component to the originating institution we will do so at the current Medicare rate.

ORDERING PROVIDER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

PLEASE SEE REVERSE FOR IHC MENU

## IMMUNOHISTOCHEMISTRY TEST MENU

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> ACTH: Adrenocorticotrophin Hormone<br><input type="checkbox"/> Adenovirus (ASR)<br><input type="checkbox"/> AFP: alphp-1-fetoprotein<br><input type="checkbox"/> ALK-1: Anaplastic Lymphoma Kinase<br><input type="checkbox"/> Alpha synuclein<br><input type="checkbox"/> Amyloid A<br><input type="checkbox"/> Amyloid-beta<br><input type="checkbox"/> Androgen Receptor<br><input type="checkbox"/> ATRX<br><input type="checkbox"/> B72.3: BRST-3, Tumor Assoc. Glycoprotein<br><input type="checkbox"/> bcl-1: Cyclin D1<br><input type="checkbox"/> bcl-2: Oncoprotein gene product<br><input type="checkbox"/> bcl-6: Lymphoid Tumor Assessment<br><input type="checkbox"/> BER-EP4: epithelial antigen<br><input type="checkbox"/> Beta-Catenin<br><input type="checkbox"/> C1q: for IF on frozens<br><input type="checkbox"/> C3: for IF on frozens<br><input type="checkbox"/> C4d: for FFPE and for IF on frozens<br><input type="checkbox"/> CA19.9<br><input type="checkbox"/> CA-125: OC125<br><input type="checkbox"/> Calcitonin<br><input type="checkbox"/> Caldesmon<br><input type="checkbox"/> Calponin<br><input type="checkbox"/> Calretinin<br><input type="checkbox"/> CD1a<br><input type="checkbox"/> CD2<br><input type="checkbox"/> CD3<br><input type="checkbox"/> CD4<br><input type="checkbox"/> CD5<br><input type="checkbox"/> CD7<br><input type="checkbox"/> CD8<br><input type="checkbox"/> CD10<br><input type="checkbox"/> CD15<br><input type="checkbox"/> CD20: L26<br><input type="checkbox"/> CD21<br><input type="checkbox"/> CD23<br><input type="checkbox"/> CD25<br><input type="checkbox"/> CD30: Ber H2<br><input type="checkbox"/> CD31<br><input type="checkbox"/> CD33<br><input type="checkbox"/> CD34/HCD34<br><input type="checkbox"/> CD35<br><input type="checkbox"/> CD43: MT-1<br><input type="checkbox"/> CD44<br><input type="checkbox"/> CD45: Leukocyte Common Antigen (LCA)<br><input type="checkbox"/> CD56: NKC<br><input type="checkbox"/> CD57: Leu 7<br><input type="checkbox"/> CD61<br><input type="checkbox"/> CD68: KP-1<br><input type="checkbox"/> CD68: PG-M1<br><input type="checkbox"/> CD71<br><input type="checkbox"/> CD79a<br><input type="checkbox"/> CD99: Ewing's Sarcoma<br><input type="checkbox"/> CD117 mono: c-kit<br><input type="checkbox"/> CD117 poly: c-kit<br><input type="checkbox"/> CD123<br><input type="checkbox"/> CD138<br><input type="checkbox"/> CD163<br><input type="checkbox"/> CDX-2<br><input type="checkbox"/> CEA-monoclonal: Carcinoembryonic Antigen<br><input type="checkbox"/> CEA-polyclonal<br><input type="checkbox"/> Chromogranin A<br><input type="checkbox"/> c-myc (NEW)<br><input type="checkbox"/> CMV: Cytomegalovirus (ASR)<br><input type="checkbox"/> Collagen IV:<br><input type="checkbox"/> CK-5/6<br><input type="checkbox"/> CK-7<br><input type="checkbox"/> CK-8:CAM 5.2 | <input type="checkbox"/> CK-18<br><input type="checkbox"/> CK-19<br><input type="checkbox"/> CK-20<br><input type="checkbox"/> CK-903 High molecular weight, 34bE12<br><input type="checkbox"/> CK-AE1/AE3: Pan cytokeratin<br><input type="checkbox"/> CK-WSS: Wide spectrum screening (CK8 + AE1/AE3)<br><input type="checkbox"/> D2-40 (Podoplanin)<br><input type="checkbox"/> Desmin<br><input type="checkbox"/> DOG-1<br><input type="checkbox"/> EBER ISH (ASR)<br><input type="checkbox"/> E-Cadherin<br><input type="checkbox"/> EMA: Epithelial Membrane Antigen<br><input type="checkbox"/> Estrogen Receptor<br><input type="checkbox"/> Factor VIII<br><input type="checkbox"/> Factor XIIIa<br><input type="checkbox"/> Fascin<br><input type="checkbox"/> Fibrinogen: for IF on frozens<br><input type="checkbox"/> FSH: Follicle Stimulating Hormone<br><input type="checkbox"/> Galectin-3<br><input type="checkbox"/> Gastrin<br><input type="checkbox"/> GCDFP-15: Gross Cystic Disease Fluid Protein<br><input type="checkbox"/> GFAP: Glial Fibrillary Acidic Protein<br><input type="checkbox"/> GH: Growth Hormone<br><input type="checkbox"/> Glutamine synthetase<br><input type="checkbox"/> Glycophorin A<br><input type="checkbox"/> Glypican-3<br><input type="checkbox"/> HBME-1: Mesothelial Cell<br><input type="checkbox"/> HbA: Hemoglobin A<br><input type="checkbox"/> HCG: Human Chorionic Gonadotrophin<br><input type="checkbox"/> Hepatocyte Marker (Heppar-1)<br><input type="checkbox"/> HHF35: Muscle Specific Actin (MSA)<br><input type="checkbox"/> HHV-8: Human Herpes Virus (Type 8)<br><input type="checkbox"/> HMB45: melanoma<br><input type="checkbox"/> H. pylori<br><input type="checkbox"/> HSV I: Herpes Simplex Virus Type 1<br><input type="checkbox"/> HSV II: Herpes Simplex Virus Type 2<br><input type="checkbox"/> IDH1 R132H<br><input type="checkbox"/> IgA: for FFPE and for IF on frozens<br><input type="checkbox"/> IgD<br><input type="checkbox"/> IgG: for FFPE and for IF on frozens<br><input type="checkbox"/> IgG4<br><input type="checkbox"/> IgM: for FFPE and for IF on frozens<br><input type="checkbox"/> Inhibin: alpha<br><input type="checkbox"/> Kappa: for FFPE and for IF on frozen<br><input type="checkbox"/> Kappa ISH (ASR)<br><input type="checkbox"/> Lambda: for FFPE and for IF on frozen<br><input type="checkbox"/> Lambda ISH (ASR)<br><input type="checkbox"/> LH: Luteinizing Hormone<br><input type="checkbox"/> Lysozyme<br><input type="checkbox"/> Mammaglobin<br><input type="checkbox"/> MART-1 (Melan-A): melanoma<br><input type="checkbox"/> MCT: Mast Cell Tryptase<br><input type="checkbox"/> MDM2<br><input type="checkbox"/> Melanoma Panel: HMB45, MART-1/MELAN-A, & Tyrosinase<br><input type="checkbox"/> Mesothelin<br><input type="checkbox"/> MIB-1: Ki-67<br><input type="checkbox"/> MiTF<br><input type="checkbox"/> MMR<br><input type="checkbox"/> MOC-31<br><input type="checkbox"/> MPO: Myeloperoxidase<br><input type="checkbox"/> MUM-1 (IRF-4)<br><input type="checkbox"/> Myo D1<br><input type="checkbox"/> Myogenin<br><input type="checkbox"/> Napsin A<br><input type="checkbox"/> Neurofilament<br><input type="checkbox"/> NSE: Neuron Specific Enolase | <input type="checkbox"/> OCT 4<br><input type="checkbox"/> P16<br><input type="checkbox"/> P40<br><input type="checkbox"/> P53<br><input type="checkbox"/> p57<br><input type="checkbox"/> p63<br><input type="checkbox"/> p501s<br><input type="checkbox"/> p504s (AMACAR/RACEMACE) (ASR)<br><input type="checkbox"/> Parvovirus<br><input type="checkbox"/> PAX-2<br><input type="checkbox"/> PAX-5<br><input type="checkbox"/> PAX-8<br><input type="checkbox"/> PBCC: p63 + CK903 (HMWCK-34Be12)<br><input type="checkbox"/> PDL-1<br><input type="checkbox"/> PHH3<br><input type="checkbox"/> PLAP: Placental Alkaline Phosphatase<br><input type="checkbox"/> Progesterone Receptor<br><input type="checkbox"/> Prolactin<br><input type="checkbox"/> PSA: Prostate Specific Antigen<br><input type="checkbox"/> PAP or PSAP: Prostatic Acid Phosphatase<br><input type="checkbox"/> PTH: Parathyroid Hormone<br><input type="checkbox"/> RCC: Renal Cell Carcinoma<br><input type="checkbox"/> S-100<br><input type="checkbox"/> SMA: Smooth Muscle Actin, alpha<br><input type="checkbox"/> SMMS-1: Smooth muscle myosin heavy chain<br><input type="checkbox"/> SOX-10<br><input type="checkbox"/> Synaptophysin<br><input type="checkbox"/> TAU<br><input type="checkbox"/> Tdt<br><input type="checkbox"/> Thrombomodulin<br><input type="checkbox"/> Thyroglobulin<br><input type="checkbox"/> TIA-1<br><input type="checkbox"/> TSH: Thyroid Stimulating Hormone<br><input type="checkbox"/> Trypsin: alpha-1-ant (AAT)<br><input type="checkbox"/> TTF-1: Thyroid Transcription Factor<br><input type="checkbox"/> Ubiquitin<br><input type="checkbox"/> Uroplakin II<br><input type="checkbox"/> Villin<br><input type="checkbox"/> Vimentin<br><input type="checkbox"/> WT-1: Wilms' Tumor |
|---|--|---|