



IMMUNOHISTOCHEMISTRY REQUISITION

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

P A T I E N T	NAME: Last/First		CASE #:	PROCEDURE DATE:	
	STREET / APT #:		P H Y S I C I A N		
	CITY / STATE / ZIP:				
	PHONE #:	DATE OF BIRTH:			
	SOCIAL SECURITY #:	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female			
	BILLING INFORMATION ATTACH INSURANCE FACE SHEET				
	INSURANCE - PRIMARY Please attach copy of insurance card				
	CARRIER:	SUBSCRIBER:			DOB:
	<input type="checkbox"/> Commercial <input type="checkbox"/> HMO	DOB:			
	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid				
INSURANCE ID #:	GROUP #:				
INSURANCE - SECONDARY					
CARRIER:	INSURANCE ID #:	PRE-OPERATIVE DX/ICD 9 CODE:			

DIAGNOSIS & PATIENT HISTORY

PERTINENT HISTORY, CLINICAL, LAB & RADIOLOGICAL FINDINGS

TUMOR ANALYSIS

<input type="checkbox"/> Acute leukemia	<input type="checkbox"/> Lymphoma vs. reactive hyperplasia
<input type="checkbox"/> Adenocarcinoma vs. mesothelioma	<input type="checkbox"/> Molar vs. non-molar pregnancy
<input type="checkbox"/> Bladder vs. prostate carcinoma	<input type="checkbox"/> Neuroendocrine neoplasm
<input type="checkbox"/> Lung vs. breast	<input type="checkbox"/> Paget's disease vs. melanoma vs. SqCC
<input type="checkbox"/> Carcinoma of unknown primary site	<input type="checkbox"/> Pituitary Neoplasm
<input type="checkbox"/> Carcinoma vs. melanoma	<input type="checkbox"/> Plasma cell dyscrasia
<input type="checkbox"/> Germ cell tumor	<input type="checkbox"/> Prostate carcinoma vs. adenosis
<input type="checkbox"/> GIST	<input type="checkbox"/> Small cell vs. non small cell carcinoma
<input type="checkbox"/> Hepatoma/cholangio vs. met. Carcinoma	<input type="checkbox"/> Small round cell tumor (e.g. Ewing's, PNET)
<input type="checkbox"/> Hodgkin vs. NHL	<input type="checkbox"/> Soft tissue tumor
<input type="checkbox"/> Lymphoma phenotype	<input type="checkbox"/> SqCC vs. melanoma vs. AFX
<input type="checkbox"/> Lymphoma vs. carcinoma	<input type="checkbox"/> Undifferentiated tumor
<input type="checkbox"/> ER/PR, Ki-67 Her-2 FISH	<input type="checkbox"/> Her-2 FISH

Other Diagnosis(es): _____

INDIVIDUAL ANTIBODIES

AUTHORIZATION: _____	_____	UPIN # _____
PATIENT SIGNATURE	PHYSICIAN SIGNATURE	

NOT PART OF PERMANENT RECORD	LAB USE ONLY
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