

**TULANE UNIVERSITY DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE
ANATOMIC PATHOLOGY CONSULTATION REQUEST FORM**

Patient Information - Complete All Fields					
Last Name		First Name	Initial	Social Security Number	
Street Address			City		State
Zip Code			Birth Date	Sex	Phone (Incl. Area Code)
Bill Submitting Institution <input type="checkbox"/> Bill Patient <input type="checkbox"/> Note: Insurance Information must be supplied if patient is to be billed. If payment is denied by the patient's insurance, you will be responsible for payment for services.					
Insurance Carrier		Policy #	Group #	Name of Policy Holder and relationship to patient	
Insurance Carrier's Address			City		State
Zip Code			Payment by Credit Card:	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/>	
Credit Carder Number: _____		CVD# _____	Expiration Date: _____		
Card Holder Name (please print): _____			Signature: _____		
Collection/Reporting Information - Complete all Fields					
Requesting Pathologist: Last Name			First Name		
Pathologist's Phone # (Including Area Code)			Fax Number (Including Area Code)		
Institution Name & Address		Street	City	State	Zip Code
Date Specimen Collected		Institution Phone # (Including Area Code)		Fax Number (Including Area Code)	
Copy To: Physician's Name		Phone # (Including Area Code)		Fax Number (Including Area Code)	
Clinical History: _____					
Pre-op Diagnosis _____ Post-op Diagnosis _____ Procedure _____					
Specimen(s): Outside case #(s) _____ Unstained Slides (#) _____ Adhesive Used _____					
Blocks (#) & Description _____ Fixative _____					
Anatomic Pathology Consultation Request: Must check one for testing to occur. Attach original pathology report from your institution!					
<input type="checkbox"/> Complete formal consultation: Designated Pathologist (optional) _____ <input type="checkbox"/> Immunoperoxidase stains only, no interpretations (check individual stains on next page, mail to Dept of Pathology). <input type="checkbox"/> Immunoperoxidase stains with interpretation (check individual stains on next page, mail to Dept of Pathology). <input type="checkbox"/> Special histochemical stains only, (state individual stains, mail to Tulane Dept of Pathology). <input type="checkbox"/> Special histochemical stains and interpretation, (state individual stains, mail to Tulane Dept of Pathology). <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Molecular tests on solid tumors (See next page, mail to Tulane Dept of Pathology): _____					
For Testing Use Only					
Secondary Patient Identification _____			Demographics sent? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Requisition # _____		Date of Receipt _____	Date Forwarded to Pathologist (and tech initials) _____		
 Tulane University Department of Pathology and Laboratory Medicine 1430 Tulane Avenue, SL-79 New Orleans, LA 70112			For Kidney Biopsy Specimens , send to: 1415 Tulane Avenue, HC-49, 2 nd FL, RM 2400 New Orleans, LA 70112 PH: (504) 988-2430 FAX: (504) 988-6554 *****		
Phone: (504) 988-5224 Fax: (504) 988-7389			For All Other Materials , send to: 1430 Tulane Avenue, SL-79, 6 th FL, RM 6519 New Orleans, LA 70112 PH: (504) 988-5224 FAX: (504) 988-7389		
https://medicine.tulane.edu/departments/pathology-laboratory-medicine					

**PLEASE SELECT
CONSULTING PATHOLOGIST**

- | | | |
|---|--|--|
| <input type="checkbox"/> David Borzik, M.D.
<i>Surgical Pathology, Cytopathology,
Head & Neck Pathology</i> | <input type="checkbox"/> Edward J Martin III, M.D.
<i>Surgical Pathology</i> | <input type="checkbox"/> Krzysztof Moroz, M.D.
<i>Cytopathology, Surgical
Pathology, Breast, Thyroid
Pathology</i> |
| <input type="checkbox"/> Ryan Craig, M.D.
<i>Surgical Pathology & Hematopathology</i> | <input type="checkbox"/> Tim G. Peterson, M.D.
<i>Blood Bank</i> | <input type="checkbox"/> Alun R. Wang, M.D., Ph.D.
<i>Dermatopathology</i> |
| <input type="checkbox"/> Shams K. Halat, M.D.
<i>Surgical Pathology, Genitourinary
Pathology, Cytopathology</i> | <input type="checkbox"/> Janet Schmid, M.D.
<i>Hematopathology, Blood Bank</i> | <input type="checkbox"/> Tong Wu, M.D., Ph.D.
<i>Liver Pathology, Transplant
Pathology</i> |
| <input type="checkbox"/> Matthew Hurford, M.D.
<i>Hematopathology</i> | <input type="checkbox"/> John Scott, M.D., Ph.D.
<i>Blood Bank, Microbiology</i> | <input type="checkbox"/> Lorene Yoxheimer, M.D.
<i>Surgical Pathology, Gynecologic
Pathology, Cytopathology</i> |
| <input type="checkbox"/> Abida Kadi, M.D.
<i>Dermatopathology</i> | <input type="checkbox"/> Di Tian, M.D., Ph.D.
<i>Surgical Pathology,
Neuropathology, Molecular
Pathology</i> | |



**TULANE UNIVERSITY HEALTH SCIENCES CENTER
 PATHOLOGY – HISTOLOGY LAB
 PROCEDURE REQUEST**

Patient: _____ Surgical Path #: _____ Collect Date: _____

Patient I.D.#: _____ D.O.B.: _____ Sex: _____ Location: _____

Physician: _____ Physician's Signature _____ Diagnosis/ICD-9 Code: _____

H&E

Special Stains

- AFB
- Alcian Blue 2.5 pH
- Bielschowsky Stain
- FITE
- GMS
- Gram
- Iron
- Luxol Fast Blue
- Melanin Bleach
- Mucicarmine
- PAS – Light Green
- Rhodanine (copper)
- Gomori's Trichrome (Blue)
- Verhoeff's Van Gieson (Elastic)

Lymphocytes

- CD1a
- CD3 – PANT-Cell
- CD4 – T-Cell
- CD5 – T-Cell
- CD7 – T-Cell
- CD8 – T-Cell
- CD10
- CD20 (L-26) PAN B-Cell
- CD23
- CD25
- CD30 (Ki 1)
- CD43 – T-Cell
- CD45 (LCA) Pan Lymphocytes
- CD45 (RO) (UCHL-1) Pan T-Cell
- CD56 – (Natural Killer)
- CD79a
- CD138
- Granzyme B
- MUM-1
- Myeloperoxidase (mpo)
- PAX-5
- Perforin
- TIA-1

Monocytes & Myeloids

- CD15 (LEU-M1)
- CD68 (KP-1) – Macrophage
- Tryptase

Epithelial Markers

- Ber Ep 4

Immunoglobulins *DIF

- *IgA
- *IgG
- *IgM
- *C3
- *Fibrinogen
- Kappa
- Lambda

Vascularization Markers

- CD31 (PECAM-1)
- CD34 (QEnd / 10)
- D2-40

Infectious Agents

- CMV
- H. pylori
- Herpes Simplex Virus (HSV) Type I & II
- Hepatitis B Core Antigen (HBCAg)
- Hepatitis B Surface Antigen (HBSAg)
- HHV-8
- Spirochete (Treponema pallidum)
- Varicella Zoster Virus (VZV)

Neuroendocrine Markers

- Amyloid Precursor Protein (APP)
- CD57 (LEU-7)
- Chromogranin A
- IDH1
- Neurofilament
- Neuron Specific Enolase (NSE)
- Olig2
- Synaptophysin
- Tau- AT8

Oncoproteins

- bcl-1 (Cyclin D 1)
- bcl-2(Oncoprotein)
- bcl-6
- Carbonic Anhydrase 9 (CAIX)
- C-MYC
- p16 INK4a
- p40 (Monoclonal)
- p53 Protein

Microsatellite Instability (MMR)

- MLH-1
- MSH-2
- MSH-6
- PMS-2

Intermediate Filaments

- Cytokeratin 903 (HMW) 34BE12
- Actin, Alpha-Smooth Muscle (SMA)
- Actin, Muscle Specific (MSA)
- AE1/AE3 – Pan Cytokeratin (Monoclonal)
- Cytokeratin 5/6
- Cytokeratin 20 (Ks20.8)
- Cytokeratin 7
- Desmin
- Vimentin

Tumor Associated Antigens

- CEA (Monoclonal)
- DOG-1
- EBV
- Epithelial Membrane Antigen (EMA)
- Factor XIIIa
- GATA-3
- GCDFP-15
- Glycophorin A
- Glypican-3
- Napsin A
- P-63
- PAX-8
- PIN-4
- TTF-1
- WT1

Melanoma Markers

- HMB45
- Melan-A
- MITF
- PRAME
- S100
- SOX10
- Tyrosinase

Double Stains

- Melan-A/Ki-67
- Melan-A/PHH3

Prognostic Markers

- CD117 (C-Kit)
- Collagen IV
- Ki-67
- PHH3
- SOX11

Other: _____

