

**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
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.			Birth Date	Sex Phone (Incl. Area Code)
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) _____	
 Department of Pathology and Laboratory Medicine 1430 Tulane Avenue, Room 6519 Mail Slot-8679 New Orleans, LA 70112 Phone: (504) 988-5224 Fax: (504) 988-7389 https://medicine.tulane.edu/pathology-laboratory-medicine		For Kidney Biopsy Specimens , send to: East Jefferson General Hospital, AP Lab 4200 Houma Blvd., Metairie, LA 70006 Phone: 504-503-5675; Fax: 504-503-4042 *****		
		For Slide Consultations , send to: 1430 Tulane Avenue, Mail Slot-8679, 6 th FL, RM 6519 New Orleans, LA 70112 Phone (504) 988-5224, Fax: (504) 988-7389		

**PLEASE SELECT
CONSULTING PATHOLOGIST**

Ibrahim Aburiziq, M.D.
Surgical Pathology

Abida Kadi, M.D.
Dermatopathology

Di Tian, M.D., Ph.D.
*Neuropathology, Autopsy
Pathology, Molecular Pathology*

Ryan Craig, M.D.
Surgical Pathology & Hematopathology

Edward J Martin III, M.D.
Surgical Pathology

Alun R. Wang, M.D., Ph.D.
Dermatopathology

Mercedes Ficarra, M.D.
Surgical Pathology, Cytopathology

Tim G. Peterson, M.D.
Blood Bank & Apheresis

Tong Wu, M.D., Ph.D.
*Liver Pathology, Transplant
Pathology*

Matthew Hurford, M.D.
*Hematopathology, Blood Bank &
Apheresis*

Akannsha Singh, M.D.
*Surgical Pathology &
Cytopathology*

Krzysztof Moroz, M.D.
*Cytopathology, Surgical Pathology,
Breast, Thyroid Pathology*

Janet Schmid, M.D.
Hematopathology



**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 * = Direct immunofluorescence

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

Vascularization Markers

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

Infectious Agents

- CMV
- Helicobacter 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

- Alpha Synuclein
- 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: _____

