**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 ☐ Bill Patient ☐<br>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 ☐ MasterCard ☐ American Express ☐ Discover ☐

**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!**

☐ **Complete formal consultation: Designated Pathologist (optional)** _____
☐ **Immunoperoxidase stains only, no interpretations (check individual stains on next page, mail to Dept of Pathology).**
☐ **Immunoperoxidase stains with interpretation (check individual stains on next page, mail to Dept of Pathology).**
☐ **Special histochemical stains only, (state individual stains, mail to Tulane Dept of Pathology).**
☐ **Special histochemical stains and interpretation, (state individual stains, mail to Tulane Dept of Pathology).**
☐ **Other, specify** _____
☐ **Molecular tests on solid tumors (See next page, mail to Tulane Dept of Pathology):**_____

**For Testing Use Only**

**Secondary Patient Identification** _____ **Demographics sent? Yes** ☐ **No** ☐
**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**

**Phone: (504) 988-5224**
**Fax: (504) 988-7389**

**https://medicine.tulane.edu/departments/pathology-laboratory-medicine**

For ***Kidney Biopsy Specimens***, send to:
1415 Tulane Avenue, HC-49, 2nd FL, RM 2400
New Orleans, LA 70112
PH: (504) 988-2430 FAX: (504) 988-6554
**********

For ***All Other Materials***, send to:
1430 Tulane Avenue, SL-79, 6th FL, RM 6519
New Orleans, LA 70112
PH: (504) 988-5224 FAX: (504) 988-7389

**PLEASE SELECT CONSULTING PATHOLOGIST**

☐ **Elizaveta Belyaeva, M.D.**
*Surgical Pathology & Hematopathology*

☐ **David Borzik, M.D.**
*Surgical Pathology, Cytopathology, Head & Neck Pathology*

☐ **Ryan Craig, M.D.**
Surgical Pathology & Hematopathology

☐ **Shams K. Halat, M.D.**
*Surgical Pathology, Genitourinary Pathology, Cytopathology*

☐ **Tim G. Peterson, M.D.**
*Blood Bank*

☐ **Janet Schmid, M.D.**
*Hematopathology, Blood Bank*

☐ **John Scott, M.D., Ph.D.**
*Blood Bank, Microbiology*

☐ **Di Tian, M.D., Ph.D.**
*Surgical Pathology, Neuropathology, Molecular Pathology*

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

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

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

☐ **Lorene Yoxtheimer, M.D.**
*Surgical Pathology, Gynecologic Pathology, Cytopathology*

☐ **Yingtao Zhang, M.D.**
*Surgical Pathology, Oncologic Pathology & GI Pathology*

1430 Tulane Ave., #8679
Room 6524
New Orleans, LA 70112
Tel: 504-988-2208
FAX: 504-988-7389

# 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 – PAN T-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 (QBEnd / 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) 34ßE12
- ☐ Actin, Alpha-Smooth Muscle (SMA)
- ☐ Actin, Muscle Specific (MSA)
- ☐ AE1/AE3 – Pan Cytokeratin (Monoclonal)
- ☐ Cytokeratin 5/6
- ☐ Cytokeratin 20 ($K_S$20.8)
- ☐ Cytokeratin 7
- ☐ Desmin
- ☐ Vimentin

**Tumor Associated Antigens**
- ☐ CEA (Monoclonal)
- ☐ DOG-1
- ☐ EBV
- ☐ Epithelial Membrane Antigen (EMA)
- ☐ Factor XIIa
- ☐ 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: _____

_____

_____