

**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
Bill Submitting Institution <input type="checkbox"/>		Bill Patient <input type="checkbox"/>	Birth Date	Sex
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
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) _____		
		For <i>Kidney Biopsy Specimens</i>, send to: 1415 Tulane Avenue, HC-49, 2 nd FL, RM 2400 New Orleans, LA 70112 PH: (504) 988-2430 FAX: (504) 988-6554 *****		
Department of Pathology and Laboratory Medicine 1430 Tulane Avenue, SL-79 New Orleans, LA 70112 Phone: (504) 988-5224 Fax: (504) 988-7389 http://tulane.edu/som/departments/pathology/index.cfm		For <i>All Other Materials</i>, send to: 1430 Tulane Avenue, SL-79, 6 th FL, RM 6519 New Orleans, LA 70112 PH: (504) 988-5224 FAX: (504) 988-7389		

**PLEASE SELECT CONSULTING
PATHOLOGIST**

- | | | |
|--|--|--|
| <input type="checkbox"/> Elizaveta Belyaeva, 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"/> Ryan Craig, M.D.
<i>Surgical Pathology & Hematopathology</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"/> Shams K. Halat, M.D.
<i>Surgical Pathology, Genitourinary Pathology, Cytopathology</i> | <input type="checkbox"/> John Scott, M.D., Ph.D.
<i>Blood Bank, Microbiology</i> | <input type="checkbox"/> Lorene Yoxtheimer, M.D.
<i>Surgical Pathology, Gynecologic Pathology, Cytopathology</i> |
| <input type="checkbox"/> Krzysztof Moroz, M.D.
<i>Cytopathology, Surgical Pathology, Breast, Thyroid Pathology</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 (for Digestion)
- PAS – Hematoxylin
- PAS – Light Green
- Reticulin
- Rhodamine (copper)
- Trichrome (Blue)
- Verhoeff's Van Gieson

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
- D2-40
- MUM-1
- TIA-1
- Granzyme B
- Myeloperoxidase (mpo)

Monocytes & Myeloids

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

Immunoglobulins

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

Vascularization Markers

- CD31
- CD34 (OBEnd / 10)
- CDX2
- Factor XIII A

Infectious Agents

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

Neuroendocrine Markers

- Amyloid Precursor Protein (APP)
- CD57 (LEU-7)
- Chromogranin A
- Glial Fibrillary Acid Protein (GFAP)
- Neurofilament
- Neuron Specific Enolase (NSE)
- Synaptophysin
- Olig2
- IDH1

Oncoproteins

- bcl-1 (Cyclin D 1)
- bcl-2 (Oncoprotein)
- bcl-6
- p53 Protein
- C-MYC

Microsatellite Instability

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

Intermediate Filaments

- Cytokeratin 903 (HMW) 34BE12
- Actin, Alpha-Smooth Muscle
- Actin, Muscle Specific
- AE1/AE3 – Cytokeratin (Monoclonal)
- CAM 5.2 – Cytokeratin (LMW)
- Cytokeratin 5/6
- Cytokeratin 20 (Ks20.8)
- Cytokeratin 7
- Desmin
- Vimentin
- CA 19.9

Tumor Associated Antigens

- Caldesmon
- Calretinin
- CEA (Monoclonal)
- DOG-1
- EBV
- Epithelial Membrane Antigen (EMA)
- GATA-3
- GCDFP-15
- Glypican-3
- Glycophorin A
- Napsin A
- P-63
- PAX-8
- Perforin
- PHH-3
- PIN-4
- Smoothelin
- TTF-1 Ber-Ep4
-

Melanoma Markers

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

Double Stains:

- Melan-A/PHH3
- Melan-A/Ki67

Prognostic Markers

- CD117 (C-Kit)
- Ki67
- SOX11
- Collagen IV

Other: _____