


**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, SL-79 New Orleans, LA 70112 Phone: (504) 988-5224 Fax: (504) 988-7389 http://tulane.edu/som/departments/pathology/index.cfm | | 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 ***** | | |
| | | 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 | | |

**PLEASE SELECT CONSULTING
PATHOLOGIST:**

PATHOLOGIST ON SERVICE

Byron Crawford II, MD

*Surgical Pathology, Genitourinary
Pathology, Transplant Pathology*

Philip J. Daroca, Jr., MD

Surgical Pathology, Pulmonary Pathology

Nadja Falk, MD

*Surgical Pathology, Cytopathology,
Molecular Pathology*

Laura Kidd, MD

*Renal Pathology, Surgical Pathology,
Transplant Pathology*

SPECIAL STAINS

- AFB
- Alcian Blue (PAS)
- Alcian Blue 2.5 pH
- Colloidal iron
- Congo Red - Amyloid
- Copper
- GMS
- Gram
- Iron
- Melanin
- Mucicarmine
- PAS (for Digestion)
- PAS – Hematoxylin
- PAS – Light Green
- Reticulum
- Trichrome (Blue)
- Verhoeff's Van Gieson
- Warthin-starry

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) (UCL-1) Pan T-Cell
- CD45 (RB)
- C56 – (Natural Killer)
- CD79a
- CD138
- D2-40
- MUM-1
- TIA-1
- Granzyme B
- Myeloperoxidase (mpo)

Richard Marshall, MD

Dermatopathology

Kim G. Mayhall, MD

*Surgical Pathology, Bone & Soft Tissue
Pathology*

Krzysztof Moroz, MD

*Cytopathology, Surgical Pathology,
Breast/GYN/GU Pathology*

Yukihiro Nakanishi, MD, PhD

*Surgical Pathology, GI/Liver Pathology,
Transplant Pathology*

Tim G. Peterson, MD

Blood Bank

Janet Schmid, MD

Hematopathology, Blood Bank

H&E

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 MARKERS

- Herpes Simplex Virus (HSV) Type I & II
- Hepatitis B Core Antigen (HBCAg)
- Hepatitis B Surface Antigen (HBSAg)
- CMV
- Spirochete
- HHV-8

NEUROENDOCRINE MARKERS

- CD57 (LEU-7)
- Chromogranin A
- Glial Fibrillary Acid Protein (GFAP)
- Neurofilament
- Neuron Specific Enolase (NSE)
- Synaptophysin

ONCOPROTEINS

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

John Schmieg, MD, PhD

Hematopathology, Surgical Pathology

John Scott, MD, PhD

Blood Bank, Microbiology

Andrew Sholl, MD

*Surgical Pathology, Cytopathology,
Genitourinary Pathology*

Michael Van Vrancken, MD

Hematopathology, Surgical Pathology

Alun Wang, MD, PhD

Dermatopathology

Tong Wu, MD, PhD

Liver Pathology, Transplant Pathology

Zhenggang Xiong, MD, PhD

Surgical Pathology, Neuropathology

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 7 (OV-TL)
- Cytokeratin 20 (K520.8)
- Desmin
- Vimentin
- CA 19.9

TUMOR ASSOCIATED ANTIGENS

- CEA), Monoclonal
- Calretinin
- EBV
- Epithelial Membrane Antigen (EMA)
- GCDFP-15
- Glycophorin
- P-63
- Prostate Specific Antigen (PSA)
- Caldesmon
- TTF-1
- Perforin
- Dog-1
- Glypican-3
- P-16
- PIN-4
- Smoothelin

MELANOMA MARKERS

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

PROGNOSTIC MARKERS

- CD117 (C-Kit)
- Proliferating Cells (Ki67)
- Proliferating Cells Nuclear Antigen (PCNA)
- Collagen IV

PATIENT: _____

SPECIMEN #: _____