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siParadigm diagnostic informatics
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USA 888-599-5227 / 201-599-9044
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Requisition Number _____ Pick-up Confirmation # _____

IMMUNOCHEMISTRY AND SPECIAL STAIN REQUISITION FORM

PATIENT INFORMATION (REQUIRED)

Name _____ (LAST) , _____ (FIRST) , _____ (MIDDLE)

Date of Birth ____ (mm) / ____ (dd) / ____ (yyyy) Street _____

City _____ State _____ ZIP _____ (5 DIGITS)

MRN/Pt. ID/SSN # _____ Phone # _____

Gender Identity:

☐ Male ☐ Female ☐ Female-to-Male (FTM)/Transgender Male/Trans Man

☐ Male-to-Female (MTF)/Transgender Female/Trans Woman

☐ Genderqueer, neither exclusively male nor female

☐ Additional gender category or other, please specify _____

☐ Choose not to disclose

Ethnicity

☐ African-American ☐ Jewish-Ashkenazi ☐ Adopted ☐ Asian ☐ Caucasian/NW European

☐ Jewish-Sephardic ☐ Native American ☐ Hispanic ☐ Middle Eastern ☐ Unknown

☐ Asked but Unknown ☐ Other _____ ☐ Non-Hispanic or Non-Latino

☐ Choose not to disclose

Sexual Orientation:

☐ Lesbian, gay, or homosexual ☐ Straight or heterosexual ☐ Bisexual ☐ Don't know

☐ Something else, please describe _____ ☐ Choose not to disclose

Race:

☐ American Indian or Alaska Native ☐ Black or African American ☐ Asian

☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other _____

☐ Unknown ☐ Asked but Unknown ☐ Choose not to disclose

PHYSICIAN INFORMATION (REQUIRED)

Referring MD _____

Attending/Ordering MD _____

Account Information _____

Next appointment date / /

CLINICAL/SPECIMEN INFORMATION (REQUIRED)

Collection date ____ (mm) / ____ (dd) / ____ (yyyy) Time _____ ☐ AM ☐ PM

Fixative ☐ **10% Neutral Buffered Formalin**

Body Site/Description _____ ☐ Other

Specimen ID#(s) _____ ☐ See Previous Case History

☐ Paraffin Block(s)# ☐ Choose Best Block (Default) ☐ Stained Slides#

☐ Paraffin Block(s)(#) ☐ Stained Slides (#)

☐ Choose Best Block (Default) ☐ Unstained Slides (#)

☐ Other (#) ☐ Perform Test on All Blocks

Diagnosis/Clinical Data _____

All Diagnosis should be provided by the ordering physician or an authorized designee.
Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required)

ICD-CM **ICD-CM** **ICD-CM**

BILLING INFORMATION (REQUIRED)

☐ Insurance ☐ Client ☐ Patient

☐ Hospital Outpatient ☐ Non-Hospital Patient ☐ Hospital Inpatient

☐ In-patient Discharge Date ____ (mm) / ____ (dd) / ____ (yyyy)

Please attach an Advance Beneficiary Notice (ABN) for all Medicare patients
(Form can be downloaded from www.siparadigm.com)

CLINICAL INFORMATION (REQUIRED)

ICD-10

Attach clinical notes, patient information, CBC, and insurance card

I am certified to order the test(s) listed below, such that these test(s) are medically necessary and I have obtained informed consent for the requested test(s) when pertinent

Authorized Signature: _____ **Date:** _____

CLINICAL INFORMATION (REQUIRED)

☐ IHC stain - Technical Component only (slides) ☐ IHC stain with Virtual Image - Technical Component only ☐ IHC Stain with Manual Interpretation

- ☐ Actin (muscle specific)
- ☐ Actin (smooth muscle)
- ☐ ADH-5
- ☐ AFB
- ☐ ALK-1
- ☐ ALK D5F3
- ☐ Alpha-1 Fetoprotein
- ☐ Amyloid-A
- ☐ Annexin A1
- ☐ Arginase
- ☐ Alcian Blue
- ☐ B72.3 / TAG-72
- ☐ Bcl1
- ☐ Bcl-2
- ☐ Bcl-6
- ☐ BerEP4
- ☐ Beta HCG
- ☐ Beta-Catenin
- ☐ BRAF
- ☐ Bg8
- ☐ Bob.1
- ☐ CA 125
- ☐ CA19-9
- ☐ Caldesmon
- ☐ Calponin
- ☐ Calretinin polyclonal
- ☐ CAM 5.2/CK8&18
- ☐ CD10
- ☐ CD103
- ☐ CD117
- ☐ CD138
- ☐ CD163
- ☐ CD15
- ☐ CD1a
- ☐ CD2
- ☐ CD20
- ☐ CD21
- ☐ CD23
- ☐ CD3
- ☐ CD30
- ☐ CD31
- ☐ CD34
- ☐ CD4
- ☐ CD43
- ☐ CD45 (LCA)
- ☐ CD5
- ☐ CD56
- ☐ CD57
- ☐ CD61
- ☐ CD68
- ☐ CD7
- ☐ CD71
- ☐ CD79a
- ☐ CD8
- ☐ CD99
- ☐ CDX2
- ☐ CEA, polyclonal
- ☐ CEA, monoclonal
- ☐ Chromagranin A
- ☐ CK17
- ☐ CK19
- ☐ CK20
- ☐ CK 5/6
- ☐ CK7
- ☐ CK903
- ☐ Congo Red
- ☐ CMV
- ☐ C-Myc
- ☐ D2-40
- ☐ Desmin
- ☐ DOG-1
- ☐ EBER
- ☐ E-Cadherin
- ☐ EMA
- ☐ Estrogen Receptor
- ☐ Fascin
- ☐ Folate Receptor Alpha
- ☐ FVIII (von Willebrand)
- ☐ FXIIIa
- ☐ GATA3
- ☐ GCDFP-15
- ☐ GFAP
- ☐ GMS
- ☐ GlycophorinA
- ☐ Glypican-3
- ☐ Granzyme B
- ☐ H. pylori
- ☐ HBME-1
- ☐ Hepatocyte (HepPar1)
- ☐ HER2-neu
- ☐ HSV type II
- ☐ HHV-8
- ☐ HMB45
- ☐ HNFI-1 BETA
- ☐ HPV-6/11
- ☐ HPV-16/18
- ☐ HPV-31/33
- ☐ HSV type I
- ☐ IgA
- ☐ IgG
- ☐ IgG4
- ☐ IgM
- ☐ Inhibin
- ☐ Kappa light chain
- ☐ Kappa ISH
- ☐ Ki-67
- ☐ Lambda light chain
- ☐ Lambda ISH
- ☐ Lysozyme
- ☐ Mammaglobin
- ☐ Mucicarmine
- ☐ MELAN-A
- ☐ MiTF-1
- ☐ MLH-1
- ☐ MSH-2
- ☐ MSH-6
- ☐ MOC-31
- ☐ MUM1
- ☐ Myeloperoxidase
- ☐ NSE
- ☐ Napsin
- ☐ 2-Oct
- ☐ 4-Oct
- ☐ PAS
- ☐ P120 Catinin
- ☐ P16
- ☐ P40
- ☐ P504s
- ☐ P53
- ☐ P57
- ☐ P63
- ☐ PAX-5
- ☐ PIN-4
- ☐ PLAP
- ☐ PMS-2
- ☐ PAX-8
- ☐ PCK, AE1/AE3
- ☐ PD-1
- ☐ PD-L1 22C3
- ☐ PD-L1 28-8
- ☐ PD-L1 SP142
- ☐ PD-L1 SP263
- ☐ PR
- ☐ PSA
- ☐ PSAP
- ☐ PSMA
- ☐ RCC
- ☐ Reticulum
- ☐ S100, polyclonal
- ☐ SMMS-1
- ☐ SOX-10
- ☐ SOX-11
- ☐ STAT-6
- ☐ Synaptophysin
- ☐ TdT
- ☐ Thrombomodulin
- ☐ Thyroglobulin
- ☐ TIA-1
- ☐ TRAcp
- ☐ Trichrome
- ☐ TTF-1
- ☐ Tyrosinase
- ☐ Uroplakin
- ☐ Vimentin
- ☐ Wilms' Tumor 1 (WT1)

☐ Other: _____

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CLIA CERTIFIED cap ACCREDITED