

<p>PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)</p> <hr/> <p>Last Name _____ First _____ MI _____</p> <hr/> <p>Address _____ Birth Date (YYYY-MM-DD) _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F</p> <hr/> <p>City _____ SS # _____</p> <hr/> <p>State _____ Zip _____ Home Phone _____</p> <hr/> <p>Hospital/Physician Office Patient ID # _____ Accession # _____</p> <hr/> <p>MEDICAL NECESSITY NOTICE: When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.</p> <p>INSURANCE BILLING INFORMATION (PLEASE ATTACH CARD OR PRINT IN BLACK INK)</p> <p>BILL TO: <input type="checkbox"/> Client/Institution <input type="checkbox"/> Medicare <input type="checkbox"/> Insurance (Complete insurance information below) <input type="checkbox"/> Patient</p> <p>PATIENT STATUS: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-Hospital Patient Hospital discharge date: ____/____/____</p> <p>PRIMARY: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid (Ohio only) <input type="checkbox"/> Other Ins. _____ <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child</p> <hr/> <p>Subscriber Last Name _____ First _____ MI _____</p> <hr/> <p>Beneficiary / Member # _____ Group # _____</p> <hr/> <p>Claims Address _____ City _____ State _____ Zip _____</p> <p>SECONDARY: <input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, please attach) ABN: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <hr/> <p>DIAGNOSIS CODE (REQUIRED) ICD-10 Codes 1. _____ 2. _____ 3. _____</p>	<p>CLIENT INFORMATION</p> <hr/> <p>ORDERING PHYSICIAN CONTACT</p> <hr/> <p>Physician Name _____</p> <hr/> <p>Physician NPI# _____</p> <hr/> <p>Physician Phone _____</p> <hr/> <p>Physician Email _____</p> <hr/> <p><input type="checkbox"/> Call critical results to phone number: (_____) _____</p> <hr/> <p><input type="checkbox"/> Fax report to: (_____) _____</p> <hr/> <p>Other: _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Breast Samples: CAP / ASCO Requirements</p> <p>10% neutral buffered formalin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>HER2 Fixation >6 and <48 hours: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>ER/PR Fixation >6 and <48 hours: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Cold ischemic time ≤ 1 hour: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> </div>
<p>SPECIMEN INFORMATION</p> <p>Collection Date: ____/____/____ Time: _____</p> <p>Retrieved from Archive Date: ____/____/____</p> <p>Body Site: _____</p> <p><input type="checkbox"/> *Paraffin Blocks/Preferred Specimen type Tissue Block ID#(s): _____ Cell Block ID#(s): _____</p> <p><input type="checkbox"/> Slides (positive charged) Unstained Slide ID#(s): _____</p>	
<p>TECHNICAL ONLY TESTING SERVICES</p> <p>Cleveland Clinic Laboratories offers eIHC and eSS products to provide expedited services to pathologists who have ordered IHC and Special Stains Technical-Only services. Whole slide images of the glass slides can be made available online via our secure online repository at https://teleside.ccf.org/.</p> <p>Note: Cases contain specimens and slide information, as well as controls that are conveniently at your fingertips. An email notification is sent when scanned slide images are available for viewing.</p> <p><input type="checkbox"/> eIHC/eSS – Check here to receive rapid access to whole slide images of IHC/Special stains and shipment of glass slides.* Email address: _____</p> <p style="text-align: right;">*Email required to access images</p> <p><input type="checkbox"/> Check here if this case had eIHC/eSS performed at Cleveland Clinic within the last two months (Block shipment may not be required). Please contact ePathology Services at apmolec@ccf.org to confirm.</p> <hr/> <p><input type="checkbox"/> Technical Stain Only – Check here to receive only glass slides of IHC/Special stains</p> <hr/>	
<p>PROFESSIONAL IMMUNOHISTOCHEMISTRY INTERPRETATION: Global testing services</p> <p>**Refer to Molecular Oncology and Associated Biomarkers Requisition to request stains for global interpretation**</p>	

TECHNICAL IMMUNOHISTOCHEMISTRY AND CHROMOGENIC *IN SITU* (CISH): technical services ONLY

Refer to clevelandcliniclabs.com for up-to-date antibody clones.

Antibody
2SC
Actin, Muscle Specific
Actin Smooth Muscle
ADH5 DS
Adenovirus
Adipophilin
AFF2
AFP
ALK D5F3
ALK-1
AMACR (p504s)
Amyloid Kappa
Amyloid Lambda
Androgen Receptor
Annexin A1
Arginase-1
ARID1A
ATRX
B72.3 (TAG-72)
BAP1
β-Amyloid
β-Catenin
BCL2 124
BCL2 EP36
BCL-6
BOB-1
Brachyury
BRAF V600E
C4d
CA9
CD38
Calcitonin
Calponin
Calreticulin
Calretinin
CAMTA1
Cathepsin K
CD1a
CD2
CD3
CD303
CD4
CD5
CD7
CD8
CD10
CD14
CD15 (BRA4F1)
CD15 (MMA)
CD19
CD20
CD21
CD22
CD23
CD25
CD30 (BER-H2)
CD30 (JCM182)
CD31
CD33
CD34
CD35
CD38
CD43
CD44
CD45
CD56
CD57

Antibody
CD61
CD68 (KP-1)
CD68 (PG-M1)
CD71
CD79a
CD99
CD103
CD117
CD123
CD138
CD163
CD200
CDX-2
CEA
Chromogranin
Chymotrypsin
CL-NOTCH1
Claudin 4
Claudin 18
Clusterin
CMV
C-MYC
CXCL-13
Cyclin-D1
Cytokeratin 5/6
Cytokeratin 7
Cytokeratin 8 + 18
Cytokeratin 19
Cytokeratin 20
Cytokeratin AE1/AE3
Cytokeratin CAM 5.2
Cytokeratin KER903
Cytokeratin OSCAR
D2-40
Desmin
DOG-1
DUX4
EBNA2-EBV
EBV-LMP1
E-Cadherin
EMA
Enolase (NSE)
EP4-Ber
ER
ERG
FACTOR XIIIa
Fascin
Fast-slow myosin
FOLR1
FOSB
Fumarate Hydratase
Gastrin
GATA-3
GCET1
GFAP
GH
GLUT1
Glutamine Synthetase
Glycophorin A
Glypican-3
GPNMB
Granzyme B
H3.3G34W
H3K27me3 Wild
H3K27M Mutant
H3K36M
HBME-1

Antibody
HBcAg
HBsAg
H-Caldesmon
HCG
HEG1
Helicobacter pylori
Hemoglobin A
HER2 (4B5)
Hepatocyte
Herpes (HSV1&II)
HHV8
HMB-45
HMG2
HPV
ICOS
IDH-1
IDH2
IgA
IgD
IgG
IgG4
IgM
Inhibin
INSM1
INI-1
IRF8
IRTA1 (FCRL4)
Ki 67
Ki67-Melan A
Langerin
LEF1
LMO2
MAL
Mammaglobin
McPyV
MDM2
MEF2B
Melan A
MiTF
MLH-1
MOC-31
MSH-2
MSH-6
MUC4
MUM-1
Muramidase
Myeloperoxidase
MyoD1
Myogenin
NapsinA
NeuN
Neurofilament
NK1/C3 (CD63)
NKX3.1
NPM-1
NRAS
NUT
OCT-2
OCT 3/4
OLIG2 Red
p16
p40
p53
p57
p63 (A4A)
p63/ERG DS
P120 catenin

Antibody
Pan-TRK
Parvovirus
PAX-2
PAX-5
PAX-8
PD1
PD-L1 (22C3)
Perforin
PHOX2B
PIN3
PIT-1
PLAG1
PLAP
PMS2
PR
PRAME
Prolactin
PSA
PSAP
PSMA
PTEN
PTH
PU.1
Rb1
S-100
SALL4
SATB2
SDHA
SDHB
SF-1
SMAD4
SMARCA2
SMARCA4 (BRG1)
SMMS1
SOX10
SOX-11
SS18-SSX
SSTR2A
SSX
STAT6
SV40
Synaptophysin
Syphilis
T-pit
TAU
TCL-1A
TCR BF1
TCR-Delta
TdT
Thyroglobulin
TIA1
Transthyretin
TRPS1
Trypsin
Tryptase, Mast Cell
TSH
TTF-1
Tyrosinase
Vimentin
WT1

CHROMOGENIC ISH PROBES

Albumin by CISH
Kappa/Lambda Dual ISH
EBER by CISH (Ventana)
CISH HPV Low Risk (6 Subtypes)
CISH HPV High Risk (18 subtypes)
HER2 Dual ISH

SPECIAL STAINS

GROUP I (Microorganisms)

AFB (Fite)
ENT – GMS
Gomori's Methenamine Silver (GMS)
Gram
Warthin-Starry – bacteria
Warthin-Starry – spirochetes
Ziehl-Neelsen AFB

GROUP II (All Other)

Alcian Blue, pH 2.5
Alcian Blue/Hyaluronidase
Alcian Blue/PAS
Bielschowsky
Bile, Hall's Method
Colloidal Iron
Colloidal Iron/Hyaluronidase
Congo Red
Copper (orcein)
Copper (Rhodanine)
Crystal Violet
Fontana Masson/Argentaffin
Fontana Masson/Melanin
Fontana Masson/Melanin/Bleach
Giemsa (Mast Cell)
Iron Stain
Jones Methenamine Silver
Luxol Fast Blue/Eosin
Luxol Fast Blue/Nuclear Fast Red
Luxol Fast Blue/PAS
Masson Trichrome
Melanin Bleach
Movat
Mucicarmine – Mucin
PAS/amylase (PAS/D)
Periodic Acid-Schiff (PAS)
PTAH
Reticulin
SAB
Thioflavin S
Uric Acid
Verhoff Elastic Van Gieson/EVG
Von Kossa Calcium Stain

HISTOCHEMICAL STAINS (Enzyme)

Acid Phosphatase
Alkaline Phosphatase
Cytochrome C
Esterase
NADH
Phosphorylase
Succinic Dehydrogenase