



LABORATORY ALLIANCE of Central New York, LLC

Ph: (315) 461-3008 Fax: (315) 461-3090
www.laboratoryalliance.com

ANATOMIC PATHOLOGY TECHNICAL SERVICE REQUISITION

SPECIMEN INFORMATION

DATE COLLECTED	TIME COLLECTED	COLLECTED BY
COPY TO PHYSICIAN _____		
FIRST NAME		LAST NAME
PHYSICIAN'S SIGNATURE REQUIRED		

PATIENT INFORMATION

PATIENT NAME (LAST/FIRST/MI)		
PATIENT I.D. NO.	SOCIAL SECURITY NO.	
PHONE NO.	DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
STREET ADDRESS		
CITY, STATE, ZIP		

INSURANCE BILLING INFORMATION

RESPONSIBLE PARTY (SUBSCRIBER)		
SUBSCRIBER SOCIAL SECURITY NO.		
PATIENT RELATIONSHIP TO INSURED <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER _____		
SUBSCRIBER'S ADDRESS (CITY/STATE/ZIP)		

PRIMARY INSURANCE: CO. NAME

POLICY NO. _____ GROUP NO. _____

SECONDARY INSURANCE: CO. NAME

POLICY NO. _____ GROUP NO. _____

ICD10 DIAGNOSIS CODE(S) FOR TESTS ORDERED (MUST BE PROVIDED)

1.	2.	3.
4.	5.	6.

HISTOPATHOLOGY

CLIENT CASE/BLOCK #(S): _____

COMMENTS: _____

LAB USE

ACC. #: _____

REMARKS: _____

● ● = IHC Markers available to be run in Red Chromogen
← If desired, check this box

RECUTS	BREAST PANEL	IHC MARKERS CON'T	IHC MARKERS CON'T	IHC MARKERS CON'T
RECUT H&E	ERA	CD20	DOG-1	P63
	PRA	CD23	E-CADHERIN	PARVOVIRUS
SPECIALS	HER-2 neu	CD30 BERH2	EMA	PAX-2
ACID FAST	HER-2 DUAL SISH	CD31	FACTOR VIII (vWf)	PAX-5
ALCIAN BLUE		CD34	FACTOR XIIIa	PAX-8
AMYLOID		CD38	GATA3	PLAP
BACTERIA	IHC MARKERS	CD43/MT1	GCDPF-15	PSA
COLLOIDAL IRON	A-1-ANTITRYPSIN	CD44	GFAP	PSAP
COPPER	ACTIN	CD45/LCA	GYPCAN III	PTH
ELASTIC	AFP	CD45RO/UCHL1	HBME1	RCC
GIEMSA	ALK-1	CD56/NCAM	HepPAR1 (HSA)	S100 ●●
GMS	AMYLOID A	CD57	HERPES I & II	SATB2
IRON	AMYLOID P	CD68/KP1	H.PYLORI	SM ACTIN
MUCICARMINE	ARGINASE 1	CD68/514H12	HMB45 ●●	SOX-10 ●●
OIL RED O	B-HCG	CD79a	IgG4	SYNAPTOPHYSIN
PAS	B72.3	CD99	INHIBIN	TdT
PAS-D	BerEP4	CD117/C-KIT	Ki67	THYROGLOBULIN
PAS/ALCIAN BL	beta CATENIN	CD138	KAPPA IHC	T.PALLIDUM
PAS-D/ALCIAN BL	bcl2	CEA MONO	LAMBDA IHC	TRIPLE BREAST STAIN
PAS-FUNGUS	bcl6	CEA POLY	LYSOZYME	TRIPLE PROSTATE 3XPX
RETICULIN	BRAF V600E	CHROMOGRANIN	MAMMAGLOBIN	TTF-1
TOLUIDINE BLUE	CA 125	CK-AE1/3/PK26 PAN ●●	MART-1 ●●	TRYPTASE
TRICHROME	CA 19-9	CK-HMW 34bE12	MOC-31	TYROSINASE ●●
URIC ACID	CALCITONIN	CK5	MUM1	UROPLANKIN III
WARTHIN STARRY/H.PYLORI	CALDESMON	CK5/6	MYELOPEROXIDASE	VIMENTIN
WARTHIN STARRY/SPIROCHETES	CALPONIN	CK-7	MYOGENIN	WT1
	CALRETININ	CK 8/18 CAM 5.2	MYOSIN	
OTHER:	CDX2	CK 19	MYOSIN/P63 CKTL	OTHER:
	CD1a	CK-20	NAPSIN	
	CD3	CMV	NSE	IN-SITU HYBRIDIZATION
MSI Panel	CD4	c-myc	P16 ●●	EBER
MLH1	CD5	COLLAGEN IV	P40	HPV 6/11 LR
MSH2	CD8	CYCLIN D1	P504S (RACEMASE)	HPV HR 16/18
MSH6	CD10/CALLA	D2-40	P53	K/L ISH
PMS2	CD15	DESMIN	P57	

FOR LAB
USE ONLY

CUT: _____
ORDERED: _____

CONTROL POSITIVE: _____
CONTROL NEGATIVE: _____

VERIFIED: _____
COMPLETED: _____