CONTACT INFORMATION

CLIENT CODE:_____
Institution: _____
Contact Person: _____
Phone: _____ Fax: _____
Ordering Physician: _____
Phone: _____ Fax: _____
Referring Pathologist: _____
Phone: _____ Fax: _____

PATIENT INFORMATION

Specimen ID: _____
Patient Name: _____
SSN#: _____
DOB: _____ Sex: M ____ F ____ "?"_____
Telephone #: _____ Race: _____
Address: _____
_____
_____

SPECIMEN INFORMATION

Date of Collection: _____ Time of Collection: _____
Date Received: _____ Time Received: _____

Please check appropriate specimen type and indicate source, if applicable.
NOTE: ***Cytogenetic PB or BM: Must be in Sodium Heparin ONLY!!!!!

_____ Amniotic Fluid
_____ Blood, Peripheral
_____ Bone Marrow Aspirate
_____ Bone Marrow Core Biopsy
_____ Fluid (*type*) _____
_____ FNA (*site*)_____
_____ Other (*Specify*):_____
_____ Lymph Node
_____ Paraffin Block (s) # ___(*site*)_____
_____ Slide (s) # ___ *(site)* _____
_____ Stool
_____ Tissue Biopsy (*site*) _____
_____ Urine

Delivered By:

Courier ___	Fed Ex ___	Hand Delivered ___
Cab ___	Bus ___	Other ___

Packaging/Temperature:

Cold Pak ___	Cool/Cold ___	Room Temp ___
Dry Ice ___	Frozen ___	Hot ___

CoPath # _____

Misys # _____

CLINICAL HISTORY

BILLING METHOD

____**Medicare / Medicaid** *(We are currently able to accept Medicaid patients only from LA & TX. The sending institution of other states will be responsible for the billed charges.)*

Patient Medicare #:_____Patient Medicaid #:_____ State: _____

____**Bill Insurance** ***(Complete information below or attach front and back copy of insurance card. If more than one company, please indicate which is primary.)***

Insurance Company #1 or
Medicare Supplement_____ Phone:_____
Address:_____
Policy #:_____Group #:_____
Subscriber Name:_____Relation to patient:_____

Insurance Company #2 _____ Phone:_____
Address:_____
Policy #:_____Group #:_____
Subscriber Name:_____Relation to patient:_____

____**Bill Sending Institution/Practice**

OCHSNER LSU PATHOLOGY OUTREACH SERVICES

Please indicate test(s) requested. If not listed, please indicate in "OTHER" test(s) section(s). Thank You!

Anatomic Pathology

☐ PERFORM TECHNICAL PORTION ONLY!

___Renal Workup ___Breast Panel _____ ___ Electron Microscopy
___Nerve Workup ___IHC (*specify*)_____ ___Consultation :
___Muscle Workup ___Special Stain (*specify*) _____ (*specify*):_____

Cytology

☐ PERFORM TECHNICAL PORTION ONLY!

___Non-GYN Cytology (*specify*)_____
___HPV *(specify*)_____
___Pap Smear ___Thin Prep Pap

Available Panels

___Acute Hepatitis Panel (HEPAC)
___Basic Metabolic Panel (BMP)
___Comp. Metabolic Panel (CMP)
___Electrolyte Panel (LYTES)
___Hepatic Function Panel (HEPFP)
___Renal Function Panel (RENAL)

Hematology

___CBC (CBC)
___CBC with automated differential (CBCWD)
___Hemoglobin (HGB)
___Hematocrit (HCT)
___Retic Count (RETA)
___Sed Rate (ESR)
___Sickle Cell Prep (SKLSC)
___Special Stain (*specify*)_____

Coagulation

Is Patient on:
☐ Coumadin
☐ Heparin

___PT (PT)
___Activated PTT (APTT)
___Thrombin Time (THRMT)
___D-Dimer (DDIMC)
___Antithrombin III (ANTH3)
___Fibrinogen (FIBR)
___P2Y12 (Plavix) % Inhibition (PRU)
___Activated Protein C Resistance (APCRV)
___Protein C (PROTC)
___Factor VIII Inhibitor (FAC8)
___Factor IX Inhibitor (FAC9)
___Factor Assay(s): (*specify)*_____

Urinalysis

☐ Voided ☐Clean Catch
☐ Cath

___Pregnancy Test, Urine (PREGU)
___Urinalysis (UMAC)
___Urine Drug Screen (UDRUG)
___Urine 24 Hour *(specify)*_____

Microbiology

___Blood Culture Set (CXBLD)
___Exudate Culture (CXFLD)
___Genital Culture (CXGEN)
___Group A Strep Culture (CXGRA)
___Group B Strep Culture (CXGRB)
___Occult Blood, Stool (OCCBS)
___OCP, Stool (OVAP)
___Stool, Enteric Pathogen ()
___Urine Culture (CXURN)
___Other Culture _____

Virology

___Chlamydia Isolation Culture
___Chlamydia / Neisseria by PCR
___Cytomegalovirus Culture
___Hepatitis C Virus RNA by PCR
___Herpes Simplex Virus by PCR
___Herpes Simplex Virus Culture
___HIV RNA Quantification
___Influenza Virus A / B by EIA
___Quantitative Cytomegalovirus
___Respiratory Syncytial Virus Ag
___Rotavirus Antigen
___Virus Isolation / Identification

Flow Cytometry

☐HOLD UNTIL CLIENT NOTIFIES TO PROCEED!
☐PERFORM IF INDICATED!

___Lymphoma Panel
___Leukemia Panel
___T helper/suppressor Panel
___MDS Panel
___PNH Panel
___Absolute CD4 Count
___Immunodeficiency Panel
___Myeloma Panel
___ _____

Cytogenetics

☐HOLD UNTIL CLIENT NOTIFIES TO PROCEED!
☐PERFORM IF INDICATED!

___Chromosome Breakage
___Oncology/Hematology
___Non-oncology
___Prenatal
___Products of Conception
___Solid Tumor
___ _____

Chemistry / Serology

___Acetaminophen (ACET)
___Albumin (ALB)
___Alkaline Phosphatase (ALP)
___ALT (ALT)
___Amylase (AMY)
___ANA (ANA)
___ASO Titer (ASOT)
___AST (AST)
___B12 (B12)
___Bilirubin, Total (BILIT)
___BNP (BNPR)
___BUN (BUN)
___C3 Complement (C3)
___C4 Complement (C4)
___Calcium (CA)
___Carbamazepine, Tegretol (CARBA)
___Carbon Dioxide (CO2)
___Chloride (CL)
___Cholesterol (CHOL)
___CK MB (CKMB)
___Cortisol (CORT)
___Creatine Phosphokinase (CPK)
___Creatinine (CREA)
___Digoxin (DIG)
___Electrophoresis, Hgb (HGBES)
___Electrophoresis, Serum Protein (SPE)
___Electrophoresis, Serum Immunoelectrophoresis (IFE)
___Electrophoresis, Urine Protein (UPE)
___Electrophoresis, Urine Immunoelectrophoresis (URIFE)
___Ferritin (FER)
___Fetal Fibronectin (FFNR)
___Folate (FOLAT)
___Free T3 (T3FRE)
___Free T4 (FT4)
___GGT (GGT)
___Glucose (GLU)
___HCG, Quantitative (HCGQ)
___Hepatitis A Ab, IgM (HAVM)
___Hepatitis B Core Ab, IgM (HBIM)
___Hepatitis B Core Ab, Total (HBCAB)
___Hepatitis B Surface Ag (HBSAG)
___Hepatitis C Ab (HCVAB)
___IgA – Serum Quantitative (IGA)
___IgG – Serum Quantitative (IGG)
___IgM – Serum Quantitative (IGM)
___Hgb A1C (GHGB)
___HIV 1 / 2 Screen (HIV12)
and HIV 1/2 confirmation if positive
___Ketone, Serum (KETS)
___Lactate Dehydrogenase (LDH)
___Lipase (LIPAR)
___Lithium (LITH)
___Magnesium (MG)
___Methotrexate, Serum (METHO)
___Mono Test (MONO)
___Phenobarbital (PHENB)
___Phenytoin (Dilantin) (DILAN)
___Phosphorus (PHOS)
___Potassium (K)
___Prostate Specific Antigen (PSA)
___Protein, Total (TP)
___RPR (RPR)
and RPR titer if reactive
___Salicylate (SALIC)
___Sodium (NA)
___Theophylline (THEO)
___Triglyceride (TRIG)
___Troponin, High Sensitivity (TRPHS)
___TSH (TSH)
___Uric Acid (URIC)
___Valproic Acid (VALP)

Amikacin: (AMIKP, AMIKT, AMIKR)
___Peak ___Trough ___Random
Gentamicin: (GENTP, GENTT, GENTR)
___Peak ___Trough ___Random
Tobramycin: (TOBRP, TOBRT, TOBRR)
___Peak ___Trough ___Random
Vancomycin: (VANCP, VANCT, VANCR)
___Peak ___Trough ___Random

Transfusion Services

___ Antibody Titer (TITER)
___ Prenatal Workup ()

Molecular Pathology

☐HOLD UNTIL CLIENT NOTIFIES TO PROCEED! ☐PERFORM IF INDICATED!

___ALK Gene t(2;5) *FISH*
___AML / ETO t(8;21) *FISH*
___AML / ETO t(8;21) *QPCR*
___Brain neoplasm (1p, 1q, PTEN) *FISH*
___B Cell / IgH (JH) Heavy Chain *FISH*
___B Cell / IgH (JH) Heavy Chain *PCR*
___IgH Kappa Light Chain *PCR*
___IgH Lambda Light Chain *PCR*
___BCL1 t(11;14) *FISH*
___BCL1 t(11;14) *PCR*
___BCL2 t(14;18) *FISH*
___BCL2 t(14;18) *PCR*
___BCL6 Chromosome 3 *FISH*
___BCR / ABL t(9;22) *FISH*
___BCR / ABL t(9;22) *QPCR*
___Burkitt t(8;14) IGH/MYC *FISH*
___Burkitt-variant MYC *FISH*
___Chimerism (post-transplant) *FISH*
___Chimerism (post-transplant) *PCR*
___Chromosome 16 Inversion *FISH*
___Chromosome 16 Inversion *QPCR*
___Chromosome Enumeration XY *FISH*
___Chromosome Enumeration 1-22 *FISH* (*specify*)_____
___CLL – associated loci *FISH*
___Cystic Fibrosis *PCR*
___DNA Sequencing (*specify*)_____
___Epidermal Growth Factor Receptor (EGFR) *IHC*
___Factor II / Prothrombin (G20210A) *Real Time PCR*
___Factor V Leiden (R506Q) *Real Time PCR*
___FLT3 mutation assay *AML PCR*
___Hemochromatosis *Real Time PCR* (H63D, C282Y)
___Hemoglobin A, C, S *PCR*
___HER/2-NEU Gene Amplification *FISH* *Breast Cancer*
___ Hereditary NonPolyposis Screen for *Colorectal Cancer (HNPCC) PCR* *Microsatellite Instability*
___Hypercoagulability Panel
___Lung Cancer *FISH*
___MALT 1 t(11;18) q32q21 *FISH*
___Microdeletion (13q14) RB1 Gene *FISH*
___Microdeletion (17p13.1) P53 Gene *FISH*
___Microdeletion (other) *FISH* (*specify*)_____
___ MLL (Mixed Lineage Leukemia) *FISH*
___MTHFR *Real Time PCR*
___Multiple Myeloma *FISH*
___MYC Gene t(8;14) *FISH*
___Myelodysplasia *FISH*
___Platelet Derived Growth Factor Receptor t(5;12) *RT-PCR*
___PML/RARA t(15;17) *FISH*
___PML/RARA t(15;17) *QPCR*
___Prenatal Chromosome 13, 18, 21, X,Y *FISH*
___Prostate *FISH*
___t(2;8) / t(8;14) / t(8;22) MYC *FISH*
___T Cell Receptor – Beta *PCR*
___T Cell Receptor – Delta *PCR*
___T Cell Receptor – Gamma *PCR*
___Telomeric Regions *FISH*
___Toposiomerase IIA *FISH* *Breast Cancer*
___Translocation *FISH* (*specify*)_____
___Urovysion FISH *Bladder Cancer*
___Whole Chromosome Paint – Structural *FISH*

Many Molecular Pathology tests available are not listed above due to space constraints. Please call to determine availability at 318-626-1229.

Other Test(s) / Service(s) Not Listed