



# Tech EM/Stain/Second Opinion Requisition Form

Affix patient sticker here

Collection Date: \_\_\_\_\_ Surgical Number: \_\_\_\_\_

### Patient Information:

Patient Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Gender:  M  F

### Referring Facility:

Facility Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Billing Contact Phone #: \_\_\_\_\_

Billing Contact Email Address: \_\_\_\_\_

### Requested Testing:

### Material / Slides Required:

- |  |              |
|--|--------------|
| <input type="checkbox"/> Membranous Panel 1 (PLA2R, THSD7A, NELL1) | paraffin / 7 |
| <input type="checkbox"/> Membranous Panel 2 (EXT1, NCAM)           | paraffin / 5 |
| <input type="checkbox"/> Paraffin IF                               | paraffin / 8 |
| <input type="checkbox"/> C4D (IHC)                                 | paraffin / 3 |
| <input type="checkbox"/> LRP2                                      | paraffin / 3 |
| <input type="checkbox"/> SAP                                       | paraffin / 3 |
| <input type="checkbox"/> DNAJB9                                    | paraffin / 3 |
| <input type="checkbox"/> Myoglobin/ Hemoglobin                     | paraffin / 4 |
| <input type="checkbox"/> Alports panel- Collagen II & V            | frozen / 3   |
| <input type="checkbox"/> IgG subclasses (1-4)                      | frozen / 5   |

The items above include technical and professional interpretation. A report will be faxed within 48 hours upon receipt of specimen.

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Tech EM        | fresh tissue or paraffin block    |
| <input type="checkbox"/> Tech IF        | fresh tissue submitted in Michels |
| <input type="checkbox"/> Second Opinion | report and relevant slides        |