



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, paraffin block, or 8 unstained slides |
| <input type="checkbox"/> Second Opinion | report and relevant slides |