

This space for ProPath use only
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PROPATH

A Sonic Healthcare Anatomic Pathology Practice

1355 RIVER BEND DRIVE
DALLAS, TX 75247
P 214.638.2000
P 800.258.1253
F 214.237.1731
www.ProPath.com

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**Complete Shaded Box
For Patient And Third
Party Billing**

PATIENT INFORMATION - PLEASE PRINT: PATIENT NAME (LAST) (FIRST) (M.I.)		
ADDRESS		APT#
CITY	STATE	ZIP
(AREA CODE) PHONE	BIRTH DATE	SEX
PATIENT S.S. #		PATIENT I.D.#
BILL TO: <input type="checkbox"/> Account <input type="checkbox"/> Patient (Self Pay) <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Insurance *Please submit a copy of ID card (front and back)		
CHECK ONE: <input type="checkbox"/> Inpatient (Discharge Date: _____) <input type="checkbox"/> Outpatient		
NOTE Technical component of services for hospital-registered Medicare, Medicaid, and Tricare patients will be billed to the hospital.		
INSURANCE COMPANY NAME (attach card)		EMPLOYER NAME
NAME OF INSURED	POLICY / MEMBER ID #	GROUP #
RELATIONSHIP TO INSURED: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT		
MAIL CLAIM TO		
ADDRESS		
CITY/STATE/ZIP		
PHYSICIAN ACKNOWLEDGEMENT (Required)		
Physicians should only order tests that are medically necessary for the diagnosis or treatment of the patient. Medicare Patients: The Advance Beneficiary Notice, if required, must be completed, signed by the patient and attached.		
Physician's Signature: _____		Date Ordered _____

Referring Pathologist: _____ NPI: _____

DATE COLLECTED

Send Duplicate Report to: _____

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Name: _____

Address: _____

City/State/Zip: _____

CASE #	BLOCK	FIXATIVE
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SOURCE / NATURE OF SPECIMEN

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

DIAGNOSIS CODE	DIAGNOSIS CODE	DIAGNOSIS CODE
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NOTES / CLINICAL HISTORY

ANCILLARY TEST WITH INTERPRETATION

Required for processing: Unstained Charged Slides and/or blocks (an H&E slide if unstained slides are provided)
Outside pathology report (failure to include may delay turnaround time)
Note: This service does not represent a full consultation (IHC interpretation only)

BREAST PROFILE AND HER2 STUDIES

- Full Breast Panel
- ER PR Ki-67 HER2

Fixative: NBF Other

Time to Fixation: _____

(only NBF validated at ProPath)

Duration of Fixative: _____

- w/i guidelines (6-72h) _____
- Other _____

- HER-2 IHC only
- HER-2 IHC reflex FISH for equiv. (2+) pos.
- HER2 FISH
- HER-2 IHC & FISH

IN SITU HYBRIDIZATION

- PAN-HPV (does not detect all)
- Low-risk HPV
- High-risk HPV
- EBER (EBV in situ hybrid.)

IHC STAINS FOR INTERPRETATION

- Adenovirus
- BK Virus (SV40)
- CMV
- Coccidioides
- Cryptococcus
- E. Histolytica
- EBV(LMP-1)
- H. Pylori
- HHV8 (Herpes 8)
- HSV
- Parvovirus
- PD-L1 (22C3)
- PD-L1 (E1L3N)
- Pneumocystis
- RSV
- Syphilis
- Toxoplasma
- Variella Zoster (VZV)

COLORECTAL TREATMENT PROFILE

Includes:

- BRAF, KRAS, and NRAS mutations analysis
- MMR deficiency testing (Please select one or both)
- MMR IHC (MLH1, MSH2, MSH6, PMS2)
- Microsatellite Instability (MSI) PCR

LUNG TREATMENT PROFILE

Includes:

- EGFR, KRAS, and BRAF Mutations
- ALK, ROS1, and RET rearrangement by FISH
- PD-L1 IHC (clone 22C3)
- PD-L1 IHC (clone E1L3N)

MELANOMA TREATMENT PROFILE

Includes:

- BRAF and KIT mutations
- PD-L1 IHC (select one):
- PD-L1 IHC (clone 22C3)
- PD-L1 IHC (clone E1L3N)

PCR TESTING

- KRAS BRAF NRAS PI3KCA
- EGFR (lung primary) Molar Pregnancy
- MSI TCR IGH