



Indiana University Health

IU Health System Pathology Laboratories
Dermatopathology
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Indianapolis, IN 46202
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Form with fields for Patient Legal Name, Social Security#, Race, MR#, Patient Address, City, State, Zip, M/F, Physicians Signature, Order Date, Print Physicians Name, Client Information, Group Physicians, Primary Insurance, ICD Diagnosis Codes, etc.

Dermatopathology

(USE THIS FORM TO HAVE DERMATOPATHOLOGY REQUEST SLIDES AND/OR BLOCKS)

The following are required:

- Requisition (THIS FORM)
Outside pathology report
Patient release form
Patient demographics
Billing information

DIAGNOSIS:

HISTORY:

OFFICE EMAIL FOR CASE STATUS UPDATES:

ADDITIONAL TESTING REQUESTED (PLEASE CHECK ALL THAT APPLY)

- Molecular Testing: BRAF, KRAS, NRAS, ALK (FISH)
Melanoma Mutations by NGS
Solid Tumor Mutations by NGS
Misc Testing: T-Cell Gene Rearrangement, B-Cell Gene Rearrangement, Immunostains for Muir-Torre Syndrome/Microsatellite Instability, PDL1 Immunostain

OTHER:
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