



Indiana University Health

IU Health System Pathology Laboratories
Dermatopathology
350 W. 11th Street, Suite 4018A
Indianapolis, IN 46202
317.491.6422 or 317.491.6423
Fax 317.491.6424

1) Patient Legal Name (Last, First MI)		DOB	2) () STAT		Date/Time of Collection
Patient Social Security#	Race	MR#/Alternate Pt ID			Phone Results To:
Patient Address		Phone			Fax Results To:
City, State, Zip		M F	4) BILL PATIENT/INSURANCE COMPANY ATTACH A COPY OF FACE SHEET AND INSURANCE CARD - ALL required (highlighted)		
3) Physicians Signature	Order Date	Print Physicians Name (F, MI, L)	fields must be complete to bill patient's insurance company. Specimen will be registered as patient self-pay and bill will be the responsibility of the patient if required information is not provided.		
Client (Clinic/Physician) Information			Group Physicians		Primary Insurance
					Company Name:
Send Additional Report To:					IU/Policy # Group #/Name:
					Insurance Co. Address:
					City: State/Zip:
					Policy Holder Name:
Notice: Medicare will only pay for tests that meet the Medicare definition of "Medical Necessity". Medicare may deny payment for a test that the physician believes is appropriate, such as a screening test. If a test is being ordered as a screen, be certain the patient has signed the Advanced Beneficiary Notice (ABN) located on back of this requisition.			5) ICD Diagnosis Codes (Enter ALL that apply)		Relationship to Patient:
			1	2	3
			4	5	6 7 8

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** (BRAF, CTNNB1, GNA11, KIT, NRAS)
☐ **Solid Tumor Mutations by NGS** (ABL1, AKT1, APC, ATM, BRAF, CDH1, CDKN2A, CSF1R, CTNNB1, EGFR, ERBB2, ERBB4, FBXW7, FGFR1, FGFR2, FGFR3, FLT3, GNA11, GNAQ, GNAS, HNF1A, HRAS, IDH1, JAK2, JAK3, KDR, KIT, KRAS, MET, MLH1, MPL, NOTCH1, NPM1, NRAS, PDGFRA, PIK3CA, PTEN, PTPN11, RB1, RET, SMAD4, SMARCB1, SMO, SRC, STK11, TP53, VHL)
 Misc Testing:
 ☐ **T-Cell Gene Rearrangement**
☐ **B-Cell Gene Rearrangement**
☐ **Immunostains for Muir-Torre Syndrome/Microsatellite Instability**
☐ **PDL1 Immunostain**

OTHER: _____

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FOR LAB USE ONLY: ☐ Case Received Email ☐ Case to Molecular Email

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