

Patient Name: _____
(Last, First, MI)

MR#: _____

DOB: _____

Surgical Pathology Number: _____

Requestor Name: _____

Requestor Contact Information: _____

Associated Pathologist (if applicable): _____

Principal Investigator: _____

Study Protocol: _____

UWCCC or Central IRB Approval #: _____

Most Recent IRB Expiration Date: _____

UWCCC Accrual Goal: _____

Group MRN/ Study Billing Number: _____

NOTE: Patient care regulatory guidelines and federal law mandate that material released for research purposes cannot compromise patient care. Therefore, paraffin blocks cannot be exhausted to fulfill requests for material. Release of the material is at the discretion of the UW Health Pathology Department.

Pathology Services Requested: Retrieval from Archives Staining Cutting
 Other: _____

MATERIAL REQUESTED

Site/Organ: _____	APLIS BILLING	Quantity
Description (please circle): Normal Tumor Metastasis	00004: Process & Embed	_____
<input type="checkbox"/> Unstained Slides: _____ cut @ _____ μm	00005: Perform H & E	_____
<input type="checkbox"/> Stained Slides: _____ <input type="checkbox"/> H & E <input type="checkbox"/> Other: _____	00006: R Series Unstained Slide	_____
<input type="checkbox"/> Tube (Molecular Studies): _____ cut @ _____ μm	88312: Special Stain	_____
<input type="checkbox"/> Core punch: _____ cut @ _____ μm	88313: Special Stain	_____
<input type="checkbox"/> Other: _____	88342: IHC	_____
<input type="checkbox"/> To be performed by: <input type="checkbox"/> UWHC Histology Lab <input type="checkbox"/> TSB TRIP Lab	88331: Frozen Section 1 st Slide	_____
<input type="checkbox"/> Other: _____	88332: Frozen Section each add'l	_____

BONE MARROW REQUESTS

Bone Marrow Aspirate: _____ mL Tube Type: _____

Number of Unstained Slides:	Number of Stained Slides:	APLIS BILLING	Quantity
_____ Peripheral Smear	_____ Peripheral Smear	<input type="checkbox"/> 0006: R Series Unstained Slide	_____
_____ Aspirate Smear	_____ Aspirate Smear	<input type="checkbox"/> 88312: Special Stain	_____
_____ Touch Preps	_____ Touch Preps	<input type="checkbox"/> 88313: Special Stain	_____
_____ Core Biopsy	_____ Core Biopsy	<input type="checkbox"/> 88342: IHC	_____

This section to be completed by UWHC Pathology Department ONLY.

If request cannot be fulfilled please indicate reason:
 Not Enough Tissue Available Last Block of Tissue in Inventory Other: _____

Specimen Ready in Surg Path/TRIP for Pick-Up- Date: _____ Initials: _____

APLIS Billing completed- Date: _____ Initials: _____

Picked Up by: Printed Name: _____ Signature: _____ Date: _____