



00000001



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CALL FAX

STAT

Completed by: _____

PATIENT INFORMATION Please Provide All Information below (Name on Requisition MUST Match Name on Specimen EXACTLY!)
FOR LAB USE ONLY
LAB ID:
RCV'D TIME/DATE:
SPECIMENS RCV'D
Tissue
Nail(s)
Hair
Scrapings
Fluid
Sterile container, no additive
Sterile container with moistened gauze
Sterile container with saline
10% buffered formalin container
DIF: Michel's media or Zeus solution
ExCell Plus™ container
eSwab
RPMI Preservative

Contact Phone Number:
Date of Service/Collected Date:
Case Number:
Tissue Type:
Block Number:
Fax Number for Patient Report:
Pertinent History
[] Inpatient [] Outpatient [] Outreach Patient
Billing: Include patient insurance face sheet for direct patient bill, or mark client bill for facility billing.
RETURN HISTOLOGY TECHNICAL ONLY SLIDES FOR INTERP AND BLOCKS TO :
PATHOLOGY/ HISTOLOGY
Name/Attn:
Address:
City/State/Zip:

Slides will be returned within 48 hours, blocks will be returned within 7-14 days.
IHC and Special Stains Technical Only ICD 10
[] ER/PR Technical Only 88342.TCx2
[]
[]
[]
IHC and Special Stains with Interpretation ICD 10
[]
[]
[]
[] Other:

Solid Tumor, Molecular Testing
Lung Panel NGS PDL-1 (28-8 pharmDX by IHC w/interp Opdivo)
Melanoma Panel NGS PDL-1 (SP263 IHC with Tumor Proportion Score (TPS) Tecentriq and cemiplimab-rwlc Libtayo
Solid Tumor Panel NGS
Colon Panel NGS MMR by IHC
PDL-1 (22C3 IHC with Tumor Proportion Score (TPS)Keytruda
PDL-1 (22C3 IHC with Combined Positive Score (CPS) Keytruda

Physician authorizes PLA to perform all appropriate laboratory services related to this specimen(s) and to bill payor/patient as directed.