

**Client Services**

Brentwood, TN: (800) 874-8532 fax: (615) 370-8074  
Phoenix, AZ: (800) 710-1800 fax: (800) 481-4151  
New York, NY: (800) 447-5816 fax: (212) 698-9532

**Highlighted fields are REQUIRED**

**CLIENT INFORMATION**

ORDERING PHYSICIAN	NPI#
TREATING PHYSICIAN	NPI#

**CLINICAL/SPECIMEN INFORMATION**

Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_ Fixative:  10% Neutral Buffered Formalin  
 Other: \_\_\_\_\_

Body Site/Descriptor: \_\_\_\_\_

Specimen ID#(s): \_\_\_\_\_  See Previous Case History

Paraffin Block(s) #: \_\_\_\_\_  Stained Slides #: \_\_\_\_\_  Unstained Slides #: \_\_\_\_\_  Other: \_\_\_\_\_

Diagnosis/Clinical Data: \_\_\_\_\_

All diagnoses should be provided by the ordering physician or an authorized designee.  
Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required)

ICD-CM	ICD-CM	ICD-CM
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**BILLING INFORMATION** (face sheet & front and back of insurance card must be attached)

**Bill:**  My Account  Insurance  Medicare  Medicaid  Patient  Workers Comp  See attached

**Patient Hospital Status:**  Inpatient  Outpatient  Non-Patient

**Insured Information:** Name \_\_\_\_\_

Relationship to Patient (circle one) Self Spouse Child Other: \_\_\_\_\_

**Primary Insurance Co:** \_\_\_\_\_ Authorization # \_\_\_\_\_

Billing Address \_\_\_\_\_ Insured # \_\_\_\_\_

Billing City, State, Zip \_\_\_\_\_ Group # \_\_\_\_\_

**Secondary Insurance Co:** \_\_\_\_\_ Group # \_\_\_\_\_ Insured # \_\_\_\_\_

**PHYSICIAN/AUTHORIZED SIGNATURE:** \_\_\_\_\_

**SELECT A LEVEL OF SERVICE (MUST CHOOSE ONE) - INCLUDE SURGICAL PATHOLOGY REPORT**

- IHC stain - Technical Component only (slides)  IHC Stain with Manual Interpretation
- IHC stain with Virtual Image - Technical Component only

<input type="checkbox"/> A-ACT (Alpha-1-Antichymotrypsin)	<input type="checkbox"/> CD31	<input type="checkbox"/> ERG	<input type="checkbox"/> Lipase	<input type="checkbox"/> PD-1 (Heme specimens only)
<input type="checkbox"/> A-AT (Alpha-1-Antitrypsin)	<input type="checkbox"/> CD33	<input type="checkbox"/> Factor VIII (vWF)	<input type="checkbox"/> Lysozyme (Murmidae)	<input type="checkbox"/> Perforin
<input type="checkbox"/> ACTH (Adrenocorticotrophic Hormone)	<input type="checkbox"/> CD34	<input type="checkbox"/> Factor XIIIa	<input type="checkbox"/> Mammaglobin	<input type="checkbox"/> PGP 9.5 <sup>2</sup>
<input type="checkbox"/> Actin - Muscle Specific (HHF-35)	<input type="checkbox"/> CD35	<input type="checkbox"/> Fascin	<input type="checkbox"/> MART-1 <sup>1</sup>	<input type="checkbox"/> PLAP (Placental Alkaline Phosphatase)
<input type="checkbox"/> Actin - Smooth Muscle (SMA)	<input type="checkbox"/> CD43	<input type="checkbox"/> FLI-1	<input type="checkbox"/> MDM2	<input type="checkbox"/> PMS-2
<input type="checkbox"/> Adipophilin	<input type="checkbox"/> CD45 (LCA, Leukocyte Common Antigen)	<input type="checkbox"/> FOXP1	<input type="checkbox"/> Melan-A	<input type="checkbox"/> Pneumocystis carinii (PC)
<input type="checkbox"/> AE1	<input type="checkbox"/> CD45RA	<input type="checkbox"/> FSH (Follicular Stimulating Hormone)	<input type="checkbox"/> Melan-A/Ki-67 (Double Stain)	<input type="checkbox"/> PR (Progesterone Receptor)
<input type="checkbox"/> AE1/AE3 (Keratin Cocktail)	<input type="checkbox"/> CD56	<input type="checkbox"/> FSH (Follicular Stimulating Hormone)	<input type="checkbox"/> Mesothelin	<input type="checkbox"/> Prolactin
<input type="checkbox"/> AFP (Alpha Fetoprotein)	<input type="checkbox"/> CD57	<input type="checkbox"/> Galectin-3	<input type="checkbox"/> MiTF	<input type="checkbox"/> PSA (Prostate Specific Antigen)
<input type="checkbox"/> ALK (for NSCLC)	<input type="checkbox"/> CD61	<input type="checkbox"/> Gastrin	<input type="checkbox"/> MLH-1	<input type="checkbox"/> PSAP (Prostatic Acid Phosphatase)
<input type="checkbox"/> ALK-1	<input type="checkbox"/> CD68	<input type="checkbox"/> GATA-3	<input type="checkbox"/> MOC-31 (Epithelial Related Antigen)	<input type="checkbox"/> PSMA <sup>2</sup>
<input type="checkbox"/> Amyloid A	<input type="checkbox"/> CD68	<input type="checkbox"/> GCDFP-15	<input type="checkbox"/> MPO (Myeloperoxidase)	<input type="checkbox"/> PTH (Parathyroid Hormone)
<input type="checkbox"/> Androgen Receptor	<input type="checkbox"/> CD71	<input type="checkbox"/> GFAP (Glial Fibrillary Acidic Protein)	<input type="checkbox"/> MSH-2	<input type="checkbox"/> RCC (PNRA, Renal Cell Carcinoma)
<input type="checkbox"/> Annexin A1	<input type="checkbox"/> CD79a	<input type="checkbox"/> Glucagon	<input type="checkbox"/> MSH-6	<input type="checkbox"/> S100
<input type="checkbox"/> Arginase-1	<input type="checkbox"/> CD99	<input type="checkbox"/> Glycophorin A	<input type="checkbox"/> MUC1	<input type="checkbox"/> SALL4
<input type="checkbox"/> B72.3 (TAG72)	<input type="checkbox"/> CD117 (c-KIT)	<input type="checkbox"/> Glypican-3	<input type="checkbox"/> MUC2	<input type="checkbox"/> Somatostatin (SOMA)
<input type="checkbox"/> BCL-1 (Cyclin D1)	<input type="checkbox"/> CD123	<input type="checkbox"/> Granzyme B	<input type="checkbox"/> MUC4	<input type="checkbox"/> SOX10
<input type="checkbox"/> BCL-2	<input type="checkbox"/> CD138	<input type="checkbox"/> Growth Hormone (GH)	<input type="checkbox"/> MUC5AC	<input type="checkbox"/> SOX11
<input type="checkbox"/> BCL-2/BCL-6 <sup>2</sup>	<input type="checkbox"/> CD163	<input type="checkbox"/> HBME-1 (Human Mesothelial Cell)	<input type="checkbox"/> MUM-1 (Multiple Myeloma Oncogene 1)	<input type="checkbox"/> Synaptophysin (Monoclonal)
<input type="checkbox"/> BCL-6	<input type="checkbox"/> CDK4	<input type="checkbox"/> HCG (Human Chorionic Gonadotropin)	<input type="checkbox"/> MYO D1	<input type="checkbox"/> Synuclein <sup>2</sup>
<input type="checkbox"/> Ber-EP4 (Epithelial Antigen)	<input type="checkbox"/> CDX-2/CK-7 <sup>2</sup>	<input type="checkbox"/> Hemoglobin A	<input type="checkbox"/> Myogenin	<input type="checkbox"/> TAU
<input type="checkbox"/> Beta Amyloid	<input type="checkbox"/> CDX-2/CK-7 <sup>2</sup>	<input type="checkbox"/> HEP B CORE (HBcAg)	<input type="checkbox"/> Myoglobin	<input type="checkbox"/> TCL-1
<input type="checkbox"/> Beta-Catenin	<input type="checkbox"/> CEA (Monoclonal)	<input type="checkbox"/> HEP B SURF (HBsAg)	<input type="checkbox"/> Myosin Heavy Chain (SMM-HC)	<input type="checkbox"/> TCR BETA
<input type="checkbox"/> BOB-1	<input type="checkbox"/> CEA (Polyclonal)	<input type="checkbox"/> HEP PAR 1	<input type="checkbox"/> Napsin A	<input type="checkbox"/> TDT
<input type="checkbox"/> CA 19.9	<input type="checkbox"/> Chromogranin A	<input type="checkbox"/> Her2	<input type="checkbox"/> Neurofilament (NF)	<input type="checkbox"/> Thrombomodulin
<input type="checkbox"/> CA 125	<input type="checkbox"/> Chymotrypsin	<input type="checkbox"/> Her2 (gastric)	<input type="checkbox"/> NKI-C3 (Melanoma Assoc. Antigen)	<input type="checkbox"/> Thyroglobulin
<input type="checkbox"/> CAIX (Carbonic Anhydrase IX)	<input type="checkbox"/> CK-5	<input type="checkbox"/> Her2 - Global breast IHC with equivocal results (2+) will be reflexed to FISH	<input type="checkbox"/> NSE (Neuron Specific Enolase)	<input type="checkbox"/> TIA-1
<input type="checkbox"/> Calcitonin	<input type="checkbox"/> CK-5/6	<input type="checkbox"/> HGAL	<input type="checkbox"/> OCT-2	<input type="checkbox"/> TLE1
<input type="checkbox"/> Caldesmon	<input type="checkbox"/> CK-7	<input type="checkbox"/> HHV8 (Herpes Virus Type 8)	<input type="checkbox"/> OCT-3/4	<input type="checkbox"/> TOXO (Toxoplasmosis)
<input type="checkbox"/> Calponin	<input type="checkbox"/> CK-7/TF-1 <sup>2</sup>	<input type="checkbox"/> HLA-DR	<input type="checkbox"/> OSCAR <sup>2</sup>	<input type="checkbox"/> TRAP
<input type="checkbox"/> Calretinin	<input type="checkbox"/> CK-14	<input type="checkbox"/> HMB-45	<input type="checkbox"/> p16	<input type="checkbox"/> TriView Breast Triple Stain (CK-5/6, p63, CK-LMW) (Breast Microinvasion) <sup>2</sup>
<input type="checkbox"/> CAM 5.2	<input type="checkbox"/> CK-17	<input type="checkbox"/> HPL (Human Placental Lactogen)	<input type="checkbox"/> p40	<input type="checkbox"/> TriView Prostate Triple Stain (P504S, p63, CK903)
<input type="checkbox"/> CAM 5.2/AE1	<input type="checkbox"/> CK-18	<input type="checkbox"/> HPV 6/11 by ISH	<input type="checkbox"/> p53	<input type="checkbox"/> Trypsin
<input type="checkbox"/> CD1a	<input type="checkbox"/> CK-19	<input type="checkbox"/> HPV 16/18 by ISH	<input type="checkbox"/> p57	<input type="checkbox"/> Tryptase M-Cell
<input type="checkbox"/> CD2	<input type="checkbox"/> CK-20	<input type="checkbox"/> HPV 31/33 by ISH	<input type="checkbox"/> p63	<input type="checkbox"/> TSH (Thyroid Stimulating Hormone)
<input type="checkbox"/> CD2	<input type="checkbox"/> CK-HMW (34betaE12)	<input type="checkbox"/> H. pylori (HBP)	<input type="checkbox"/> p120	<input type="checkbox"/> TTF-1 (Thyroid Transcription Factor 1)
<input type="checkbox"/> CD3	<input type="checkbox"/> CK-LMW (35betaH11)	<input type="checkbox"/> HSV I/HSV II (Herpes Simplex Virus I & II)	<input type="checkbox"/> P504S	<input type="checkbox"/> Tyrosinase
<input type="checkbox"/> CD3/CD20 <sup>2</sup>	<input type="checkbox"/> CMV (Cytomegalovirus)	<input type="checkbox"/> IgA	<input type="checkbox"/> Pan-Cytokeratin (KER, PAN)	<input type="checkbox"/> Ubiquitin
<input type="checkbox"/> CD4	<input type="checkbox"/> c-MYC	<input type="checkbox"/> IgD	<input type="checkbox"/> Pan-Melanoma Cocktail (MART-1, Tyrosinase, HMB45) <sup>1</sup>	<input type="checkbox"/> Uroplakin III
<input type="checkbox"/> CD5	<input type="checkbox"/> COLL-IV (Type 4 Collagen)	<input type="checkbox"/> IgG	<input type="checkbox"/> Pan-Melanoma Double Stain (MART-1/Tyrosinase, S100) <sup>2</sup>	<input type="checkbox"/> Villin
<input type="checkbox"/> CD7	<input type="checkbox"/> COX-2 (Cyclooxygenase 2)	<input type="checkbox"/> IgG4	<input type="checkbox"/> Parvovirus B19	<input type="checkbox"/> Vimentin (VIM)
<input type="checkbox"/> CD8	<input type="checkbox"/> D2-40	<input type="checkbox"/> IgM	<input type="checkbox"/> PAX-2	<input type="checkbox"/> VIP (Vasoactive Intestinal Polypeptide)
<input type="checkbox"/> CD10	<input type="checkbox"/> DBA44 (HCL)	<input type="checkbox"/> Inhibin	<input type="checkbox"/> PAX-5	<input type="checkbox"/> WT-1
<input type="checkbox"/> CD14	<input type="checkbox"/> Desmin	<input type="checkbox"/> Insulin	<input type="checkbox"/> PAX-5/BCL-2 <sup>2</sup>	<input type="checkbox"/> ZAP-70 <sup>1</sup>
<input type="checkbox"/> CD15	<input type="checkbox"/> DOG1	<input type="checkbox"/> KAPPA	<input type="checkbox"/> PAX-5/CD5 <sup>2</sup>	
<input type="checkbox"/> CD20	<input type="checkbox"/> EBER by ISH	<input type="checkbox"/> KAPPA by ISH	<input type="checkbox"/> PAX-5/CD43 <sup>2</sup>	
<input type="checkbox"/> CD21	<input type="checkbox"/> EBV	<input type="checkbox"/> Ki-67	<input type="checkbox"/> PAX-8	
<input type="checkbox"/> CD22	<input type="checkbox"/> E-Cadherin	<input type="checkbox"/> LAMBDA		
<input type="checkbox"/> CD23	<input type="checkbox"/> EGFR (Epithelial Growth Factor Receptor) <sup>1</sup>	<input type="checkbox"/> LAMBDA by ISH		
<input type="checkbox"/> CD25	<input type="checkbox"/> EMA (Epithelial Membrane Antigen)	<input type="checkbox"/> LH (Luteinizing Hormone)		
<input type="checkbox"/> CD30	<input type="checkbox"/> ER (Estrogen Receptor)			

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ONC 679 IHC Rev. 11/14/2017

When ordering tests for which Medicare or Medicaid reimbursements will be sought, physicians should order only those tests that are medically necessary for the diagnosis or treatment of the patient.

Patient, Client and Billing Information is requested for timely processing of this case. Medicare and other third party payors require that services be medically necessary for coverage, and generally do not cover routine screening tests.

Refer to Determining Necessity of ABN Completion on reverse.

**SPECIMEN LABEL INSTRUCTIONS:**

- 1.) Complete the requisition with all requested information.
- 2.) Remove the required number of labels from the front of this sheet.
- 3.) Place one (1) label on each specimen container (not on the lid).

Please dispose of unused labels.

<sup>1</sup> Performed in NY only  
<sup>2</sup> Performed in Phoenix, AZ and Brentwood, TN only  
NOTE: The most updated antibody library is available at [www.integratedoncology.com](http://www.integratedoncology.com)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Item# 098518 Form: ONC 679 IHC

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## Determining Necessity of Advance Beneficiary Notice of Noncoverage (ABN) Completion\*

1. **Diagnose.** Determine your patient's diagnosis.
2. **Document.** Write the diagnosis code(s) on the front of this requisition.
3. **Verify.** Determine if the laboratory test(s) ordered for the patient is subject to Local Coverage Determination or National Coverage Determination. This information can be located in the policies published by your Medicare Administrative Contractor (MAC), CMS, or [www.LabCorp.com/MedicareMedicalNecessity](http://www.LabCorp.com/MedicareMedicalNecessity).
4. **Review.** If the diagnosis code for your patient **does not** meet the medical necessity requirements set forth by Medicare or the test(s) is being performed more frequently than Medicare allows, an ABN should be completed.

\*An ABN should be completed for all tests that are considered investigational (experimental or for research use) by Medicare.

### How to Complete an Advance Beneficiary Notice of Noncoverage (ABN)

Medicare is very specific in requiring that all of the information included on the ABN be completed. Additionally, LabCorp requests that the specimen number or bar code label be included on the form. To be valid an ABN must:

1. Be executed on the CMS approved ABN form (CMS-R-131)
2. Identify the Medicare Part B Beneficiary, using the name as it appears on the patient's red, white and blue Medicare card
3. Indicate the test(s)/procedure(s) which may be denied within the relevant reason column
4. Include an estimated cost for the test(s)/procedure(s) subject to the ABN
5. Have 'Option 1', 'Option 2', or 'Option 3' designated by the beneficiary
6. Be signed **and** dated by the beneficiary or his/her representative **prior to** the service being rendered

B-1A