

SURGICAL REQUISITION FORM

Please complete requisition form and place it in the specimen kit. You may also fax it to 203.901.1289. For questions or assistance please call customer service at 203.787.1717.

Top copy: Place in specimen kit
Bottom copy: for Physician records

Tel: 203.787.1717
Fax: 203.901.1289

PATIENT INFORMATION

Last Name	First Name	MI	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB / /	Social Security# - -
Address	City	State	Zip	Phone () -	Patient MR#

PHYSICIAN INFORMATION

Copy to Physician	Bill To <input type="checkbox"/> Insurance (Please attach copy of insurance card) <input type="checkbox"/> Direct Bill <input type="checkbox"/> Self Pay
Phone () -	Patient Status <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-Hospital
Fax () -	Hospital Name

Physician Signature _____ Date: / /

CLINICAL INFORMATION

Signs/Symptoms (Include as many as applicable):	ICD-9 Code(s): Please provide as many symptomatic diagnosis codes as applicable:
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SPECIMEN INFORMATION - Please indicate number of vials/containers provided.

Biopsy	Vials/Containers	Blocks	Slides	Specimen ID #	Tissue Source
Fluid	Vials/Containers	Volume	Other	Date of Collection / /	Time of Collection <input type="checkbox"/> AM <input type="checkbox"/> PM

Prostate Diagram

Gastro-Intestinal (GI) Tract Diagram

TEST(S) REQUESTED - Please indicate tests below. Technical Only Global

Omnia™ Includes: Clinical history review and morphologic assessment. Medically necessary tests will be ordered by an expert pathologist from the Yale University School of Medicine. Tests may include IHC, Special Stains and/or FISH. A summary with correlation of all testing technologies will be incorporated into one final comprehensive diagnostic Omnia™ report.

Omnia™ for Prostate Assessment Omnia™ for Urine Assessment Omnia™ for GI Assessment

IHC/Special Stains	FISH
<input type="checkbox"/> Giemsa (H. Pylori) <input type="checkbox"/> PSA <input type="checkbox"/> PAP Stain <input type="checkbox"/> Other _____ <input type="checkbox"/> PIN4	<input type="checkbox"/> MALT <input type="checkbox"/> PTEN <input type="checkbox"/> UroVysion™ <input type="checkbox"/> Other _____

Comments (Please specify additional tests, notes, requests, etc.)