

Request Date: _____ Group MRN/ Study Billing Number: _____
 Patient Name: _____ Associated Pathologist (if applicable): _____
 (Last, First, MI)
 MR#: _____ Principal Investigator: _____
 DOB: _____ Study Protocol: _____
 Surgical Pathology Number: _____ UW or Central IRB Approval #: _____
 Requestor Name: _____ Most Recent IRB Expiration Date: _____
 Requestor Contact Information: _____ UW Accrual Goal: _____

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