

Client Information	Immunocytometrics and Molecular Diagnostics WCP Laboratories, Inc.		Specimen Accession#
	 2326 Millpark Drive Maryland Heights, MO 63043-3530 (314) 991-4313 • Fax (314) 991-4317	Results: <input type="checkbox"/> fax <input type="checkbox"/> phone <input type="checkbox"/> mail <input type="checkbox"/> online	
		Submitting Physician	Date of Collection

PATIENT INFORMATION

Last Name	First Name	MI
Street Address	City, State	Zip Code
Patient Telephone #	Date of Birth (MM/DD/YYYY)	Patient Signature
SSN - -	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other
BILL TO: <input type="checkbox"/> Insurance <input type="checkbox"/> Patient <input type="checkbox"/> Medicare <input type="checkbox"/> Client <input type="checkbox"/> Medicaid <input type="checkbox"/> Other	Insurance Company & Address	Group # Patient Ins. ID #
		Medicare # Medicaid #
PLEASE ATTACH INSURANCE CARD COPY		
Last Name of Guarantor		First Name
I have read and understand the ABN on reverse side.		

SPECIMEN INFORMATION

of specimens _____ ICD-9 Codes: _____

Date Collected: _____ Time: _____

BONE MARROW

- Core (Formalin jar)
- Clot (Formalin jar)
- Aspirate for Flow Cytometry (purple top)
- Aspirate for Cytogenetics (green top)
- Aspirate Smears or Touch Imprints (slides)
- Dry Tap (place core biopsy in RPMI)

PERIPHERAL BLOOD

- Flow Cytometry (purple top)
- Smear (slides)

LYMPH NODE

Site: _____

SOLID TUMOR

- Breast Prostate
- Colon Other
- Kidney

BODY FLUIDS

Site: _____

CLINICAL INFORMATION

- Acute Leukemia
- Chronic Leukemia
- Lymphoma
- Hodgkin's Lymphoma
- Monoclonal Gammopathy/Myeloma
- Cytopenia(s) Anemia Thrombocytopenia
- Myeloproliferative Disorder
- Immunodeficiency
- Carcinoma
 - Primary Site: _____
 - Unknown

PLEASE ATTACH CBC AND OTHER PERTINENT TEST RESULTS

TESTS REQUESTED

<input type="checkbox"/> FLOW CYTOMETRY <input type="checkbox"/> Leukemia Phenotyping <input type="checkbox"/> Lymphoma Phenotyping <input type="checkbox"/> Multiple Myeloma <input type="checkbox"/> CD4/CD8	<input type="checkbox"/> GENE REARRANGEMENT <input type="checkbox"/> T cell only <input type="checkbox"/> B cell only <input type="checkbox"/> T & B cell	<input type="checkbox"/> CHROMOSOME ANALYSIS <input type="checkbox"/> ADDITIONAL MOLECULAR STUDIES <i>(See website for complete list)</i>	<input type="checkbox"/> BREAST PROFILE <i>(Includes ER/PR, Her-2: IHC/SISH, DNA ploidy, Ki-67)</i> <input type="checkbox"/> ER/PR only <input type="checkbox"/> HER2 only with HER2 SISH <input type="checkbox"/> DNA ploidy only <input type="checkbox"/> Ki-67 only <input type="checkbox"/> p53 only	<input type="checkbox"/> IMMUNOFLUORESCENCE <i>(Includes IgA, IgG, IgM, C3, C1q, Fib)</i>	<input type="checkbox"/> MORPHOLOGIC INTERPRETATION
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PROGNOSTIC & THERAPEUTIC IHC MARKERS

PROFILES	Global	Stain Only	PROFILES	Global	Stain Only
ER/PR	<input type="checkbox"/>	<input type="checkbox"/>	Ki-67	<input type="checkbox"/>	<input type="checkbox"/>
ER/PR/HER-2	<input type="checkbox"/>	<input type="checkbox"/>	P53	<input type="checkbox"/>	<input type="checkbox"/>
ER/PR/HER-2/Ki-67	<input type="checkbox"/>	<input type="checkbox"/>	EGFR	<input type="checkbox"/>	<input type="checkbox"/>
ER/PR/HER-2/Ki-67/p53	<input type="checkbox"/>	<input type="checkbox"/>	DNA by Image	<input type="checkbox"/>	<input type="checkbox"/>

INFECTIOUS DISEASE

- EBV
- Herpes Simplex by PCR (M4 Swab)
- N. gonorrhoea by PCR (ThinPrep/M4 Swab)
- Chlamydia by PCR (ThinPrep/M4 Swab)
- Strep B by PCR (Swab)
- HPV Detection (High & Low)

PATHOLOGY REQUESTED

Specimen Site	Type of Procedure	Clinical Dx
1. _____		
2. _____		