



Nebraska Collaborative Laboratory

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 Omaha, NE 68114
 Phone 402-354-4541 Fax 402-354-6575

STAT

For NCL use only
 FIN# _____ Init/Date _____
 New MRN added yes no
 New Provider added yes no
 Date pulled from archives _____

Place Referring Case Number Label here

FISH REFERRAL REQUEST

PATIENT INFORMATION

PATIENT NAME _____ **Date of Birth** _____

M F **Referral Lab Case #1)** _____ **2)** _____

Date of Collection: _____

******Referring Lab/PROVIDER INFORMATION**** (Required)**

Ordering Provider(s) _____ **Consulting Provider:** _____

Attending Provider(s) _____

Methodist Nebraska Medicine Regional Pathology Services Other: _____

Phone _____ **Fax** _____ **Contact Person** _____

TEST REQUESTED

<input type="checkbox"/> HER2	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____	<input type="checkbox"/> NR4A3	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____
<input type="checkbox"/> MDM2	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____	<input type="checkbox"/> 1p/19q	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____
<input type="checkbox"/> CDK4	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____	<input type="checkbox"/> CIC	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____
<input type="checkbox"/> ALK	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____	<input type="checkbox"/> USP6	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____
<input type="checkbox"/> ROS1	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____	<input type="checkbox"/> FUS/CREB3L2	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____
<input type="checkbox"/> PLG1	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____	<input type="checkbox"/> FUS/CREB3L1	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____
<input type="checkbox"/> FUS	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____	<input type="checkbox"/> EWSR1/CREB/3L1	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____
<input type="checkbox"/> DDIT3	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____	<input type="checkbox"/> EWSR1/CREB/3L2	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____
<input type="checkbox"/> ETV6	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____	<input type="checkbox"/> Reflex HER/D17S122	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____
<input type="checkbox"/> SS18	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____	<input type="checkbox"/> COL1A1	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____
<input type="checkbox"/> COL1A1/PDGFB	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____			
<input type="checkbox"/> EWSR1	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____			
<input type="checkbox"/> EWSR1/CREB1	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____			
<input type="checkbox"/> EWSR1/ATF1	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks	Quantity? _____ Quantity? _____			

Reflex Test _____

Path Report included