ACUPATH LABORATORIES, INC
WWW.ACUPATH.COM
TEL# 1-888-"ACUPATH" (228-7284)
TEL# (516) 775-8103
FAX# (516) 326-3452
28 S. TERMINAL DR., PLAINVIEW, NY 11803

"FOR THE ABSOLUTE HIGHEST STANDARD IN BREAST PATHOLOGY"

BREAST PATHOLOGY REQUEST FORM

BREA-01

ANY OMISSION MAY RESULT IN DELAY OF REPORT

PHYSICIAN INFORMATION:	Referring Physician (Last, First):
	Phone:
PHYSICIAN SIGNATURE: _____	Fax:

PATIENT INFORMATION

Last Name	First Name	MI	Age	Sex	Date of Birth / /
Street Address	Apt#	City	State	ZIP	
Home Phone #	Cell Phone #	Medical Record #	Social Security #		

BILLING INFORMATION - PRIMARY INSURED

We file all primary and secondary insurance plans if information is provided.

Payer ❍ Medicare ❍ Insurance ❍ Patient ❍ Client ❍ Other _____	Patient Status ❍ Non-hosp ❍ Hosp in-patient ❍ Hosp out-patient
Insurance Carrier	Policy Number/Insured ID Number / Group Number
Claims Address / City / State / ZIP	
Claims Phone #	Policy Holder's Name
Policy Holder's Relationship to Patient ❍ Self ❍ Spouse ❍ Dependent	Policy Holder's DOB / / / Policy Holder's Sex ❍ M ❍ F

CLINICAL/FAMILY HISTORY (Please print)

ICD CODE(S)

SAMPLE INFORMATION

❍ Fixative: 10% neutral buffered formalin Date Specimen Collected: _____ Time Collected: _____ Time Placed in Fixative: _____

❍ Paraffin Block(s) Block #_____ ❍ Unstained Slides Slide #_____ Cold Ischemic Time: ≤ 1 Hour: ☐ Yes ☐ No ☐ Unknown

HISTOLOGY AND PROGNOSTIC WORK-UP

Reflex testing will be performed on all in situ & invasive carcinomas and will receive the standard prognostic biomarker testing. (ER/PR/HER2 IHC & HER2 FISH)

If different, please indicate the combination of individual markers preferred.

INDIVIDUAL TISSUE TESTING

❍ **ER** ❍ **PR** ❍ **HER2 by IHC** ❍ **HER2 by FISH** ❍ **PDL-1** ❍ **Comprehensive Breast Cancer Panel (ER/PR/Ki67/HER2 IHC & HER2 FISH)**

SPECIMEN (Use second form if necessary)

	Side	Clock Position	Site	Nature of Lesion	Biopsy Type	Testing Options	Lumpectomy
A	❍ Left ❍ Right	 _____	❍ Breast ❍ Axilla ❍ Chest Wall ❍ Lymph node ❍ Sentinel LN	❍ Nodule ❍ Calcification ❍ Cyst ❍ Stellate Mass ❍ Density ❍ Other: _____ **Distance from nipple:** _____	❍ FNA ❍ Core biopsy ❍ Stereotactic ❍ Wire-guided needle loc. ❍ Other: _____	❍ Biopsy only ❍ Flow & Biopsy ❍ Flow only	❍ Double long _____ ❍ Double short _____ ❍ Single _____
B	❍ Left ❍ Right	 _____	❍ Breast ❍ Axilla ❍ Chest Wall ❍ Lymph node ❍ Sentinel LN	❍ Nodule ❍ Calcification ❍ Cyst ❍ Stellate Mass ❍ Density ❍ Other: _____ **Distance from nipple:** _____	❍ FNA ❍ Core biopsy ❍ Stereotactic ❍ Wire-guided needle loc. ❍ Other: _____	❍ Biopsy only ❍ Flow & Biopsy ❍ Flow only	❍ Double long _____ ❍ Double short _____ ❍ Single _____
C	❍ Left ❍ Right	 _____	❍ Breast ❍ Axilla ❍ Chest Wall ❍ Lymph node ❍ Sentinel LN	❍ Nodule ❍ Calcification ❍ Cyst ❍ Stellate Mass ❍ Density ❍ Other: _____ **Distance from nipple:** _____	❍ FNA ❍ Core biopsy ❍ Stereotactic ❍ Wire-guided needle loc. ❍ Other: _____	❍ Biopsy only ❍ Flow & Biopsy ❍ Flow only	❍ Double long _____ ❍ Double short _____ ❍ Single _____

Remove labels and affix to specimen bottles.
(1 label per bottle)
