

Hospital _____

City & State _____

Contact _____ Ph # _____ Date _____ Assay Requisition _____

Patient

Patient Name _____
Last First Date of Birth _____

Clinical Diagnosis _____ Pathology Ref. No. _____

Diagnosis Code _____ Inpatient Male

Prior Chemotherapy? Yes No Not Known Outpatient Female

Agents Given _____ Date of Last Course _____

Specimen Site of Origin _____ Date/Time Collected _____

Physicians

Please check box to indicate requesting physician. If no box is checked pathologist will be listed as requesting physician.

Surgeon _____
Last First Phone () _____
 Fax () _____

Pathologist _____
Last First Phone () _____
 Fax () _____

Oncologist _____
Last First Phone () _____
 Fax () _____

Drugs

Options are listed below. Please check box, as appropriate. If no box is checked, Dr. Weisenthal will assign drugs.

- Dr. Weisenthal personally assigns drugs and combinations appropriate for this patient's diagnosis and treatment status.
- Ordering physician selects drugs and combinations. Please list choices in the space provided on the reverse side of this form.
- Immunologic agents, investigational agents, resistance modifiers. Please call for availability (714) 596-2100

Billing

Please enclose a copy of the admitting record (face sheet.) Thank you.

An interpretive consultation is furnished as an important adjunct to the laboratory report. It is not necessary to order this additional service separately. The consultation is provided unless prior arrangement is made.