This box must be filled out by the Pathologist before the case goes to ATL

I have reviewed the H&E slide(s) and marked area(s) to be tested.

Pathologist’s initials: ________________________

Date: ________________________

% viable tumor cells in circled area: ________________________

TISSUE SOURCE

- Bone
- Bone Marrow
- Brain
- Breast
- Colon
- Lung
- Lymph node
- Skin
- Soft Tissue
- Other: ________________________

ORDER TYPE

- Reflex order or working case order (testing needed for diagnosis) initiated by pathologist (no additional written order needed)
- Requested by physician’s order
  - Cases that are not reflex testing
  - Cases that are not done for initial diagnostic testing

Authorizing provider: ________________________

Date on written order: ________________________

(“MUST be used if from prior to EPIC go Live 11/4/17”)

**** Secretaries: Please attach a copy of the faxed/written order to this sheet for cases that are not reflex or working case diagnostic testing****