

**INSTITUTION INFORMATION**

Institution Name & Address \_\_\_\_\_

Phone: \_\_\_\_\_ FAX \_\_\_\_\_

Ordering Physician \_\_\_\_\_

**THIS SECTION FOR PHENOPATH USE ONLY**

Validation

**STUDIES DESIRED**

ER     PR     Specimen(s) have been fixed in formalin for > 6 hours and < 72 hours  
 ER & PR     Other fixation time or fixative (specify): \_\_\_\_\_

HER2 FISH     Specimen(s) have been fixed in formalin for > 6 hours and < 48 hours  
 Other fixation time or fixative (specify): \_\_\_\_\_

**SPECIMEN ID & SUB-LABEL**

1. _____	12. _____	23. _____	33. _____
2. _____	13. _____	24. _____	34. _____
3. _____	14. _____	25. _____	35. _____
4. _____	15. _____	26. _____	36. _____
5. _____	16. _____	27. _____	37. _____
6. _____	17. _____	28. _____	38. _____
7. _____	18. _____	29. _____	39. _____
8. _____	19. _____	30. _____	40. _____
9. _____	20. _____	31. _____	
10. _____	21. _____	32. _____	
11. _____	22. _____	33. _____	

In lieu of filling out the above specimen ID list, Excel spreadsheet emailed to [lab@phenopath.com](mailto:lab@phenopath.com)

**BILL TO:**

Contact name: \_\_\_\_\_  
 Institution: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Notes

Name of person completing form: \_\_\_\_\_  
 Date: \_\_\_\_\_ Phone: \_\_\_\_\_