Arkana Laboratories

Tech EM/Stain/Second Opinion Requisition Form

Affix patient sticker here

Collection Date: _____ **Surgical Number:** _____

Patient Information:

Patient Name: _____ Date of Birth (MM/DD/YYYY): _____ Gender: ☐ M ☐ F

Referring Facility:

Facility Name: _____ Phone #: _____ Fax #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Billing Contact: _____ Billing Contact Phone #: _____

Billing Contact Email Address: _____

Requested Testing:	Material / Slides Required:
☐ Membranous Panel 1 (PLA2R, THSD7A, NELL1)	paraffin / 7
☐ Membranous Panel 2 (EXT1, NCAM)	paraffin / 5
☐ Paraffin IF	paraffin / 8
☐ C4D (IHC)	paraffin / 3
☐ LRP2	paraffin / 3
☐ SAP	paraffin / 3
☐ DNAJB9	paraffin / 3
☐ Myoglobin/ Hemoglobin	paraffin / 4
☐ Alports panel- Collagen II & V	frozen / 3
☐ IgG subclasses (1-4)	frozen / 5

The items above include technical and professional interpretation. A report will be faxed within 48 hours upon receipt of specimen.

☐ Tech EM ☐ Native ☐ Transplant	fresh tissue or paraffin block
☐ Tech IF	fresh tissue submitted in Michels, paraffin block, or 8 unstained slides
☐ Second Opinion	report, relevant slides, IF and EM images

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