

HMDL OPHTHALMIC CYTOLOGY & PATHOLOGY SERVICE

PATIENT INFORMATION: **Please attach copies of Insurance card (front/back), face sheets/demographics and picture ID**

Patient Name	Date of Birth	Gender	Race
Address			
City/State	Zip Code	Telephone number	

SPECIMEN: Laterality (**required**): Right eye Left eye Other: _____
Conjunctiva Cornea (Tissue) Corneal Scraping Aqueous Vitreous

LABORATORY TESTS:

Cytology: Cytology consult service (microscopic examination with testing triage) Fluid
Scrapes (Cytolyt) Scrapes (slides: amount _____) FNA

Pathology: Routine Histology/Gross (Formalin) Frozen sections/Flow cytometry (Fresh)
Immunofluorescence (Zeus)

Microbiology:

Acridine orange and Gram stain (AO/GRAM) Acid fast stain (AFST)
Calcofluor white stain (CALC) Fungus stain (FUNST)
Acanthamoeba culture on BCYE (CXACA)
Acid fast culture, includes Lowenstein Jensen agar (CVAFB)
Aerobic culture, includes blood agar, chocolate agar, and thio broth (CXEYE)
Anaerobic culture, includes Brucella agar and thio broth (CXEYN)
Chlamydia trachomatis culture in UTM (ZG182)
Fungus culture includes inhibitory mould agar (CXFUN)

Molecular: *All samples for molecular diagnostic testing must be fresh (not fixed) and sent on wet ice*

Multiplex PCR pathogen test for CMV, HSV1, HSV2, Toxoplasma and VZV (OPMP)
Adenovirus PCR (ADVP) EBV PCR (EBVP)

OTHER: _____

CLINICAL HISTORY: Please complete all fields or attach a summary and/or drawing of lesion (orientation)

Pre-Operative Diagnosis: _____ **ICD-10:** _____

Symptoms: _____ **Date of Service:** _____

Date of Onset: _____ Condition of other eye: _____

Other Clinical Information: _____

ATTENDING PHYSICIANS CONTACT INFORMATION

Ordering Physician's Full Name (Required): _____ **NPI#:** _____ **Signature** (Required): _____

Phone: _____ After-hours phone/mobile: _____ Fax: _____

Hospital/Facility: _____

Address: _____

City: _____ State: _____ Zip Code: _____

HMDL Ophthalmic Cytology and Pathology Service:

Call Center: 713.441.4411

Debbie Patterson, HMDL Sales Rep: 281.732.1503

For instructions: <http://www.houstonmethodist.org/specialty-testing/>

Send specimen and signed requisition via FedEx to:

Houston Methodist Diagnostic Laboratory-Central Specimen Receiving
6565 Fannin St., Dunn Tower, D2-109, Houston, TX 77030

HMH Patient Label