

SURGICAL PATHOLOGY

REQUISITION

PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)

Last Name	First	MI
Address	Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F
City	SS #	
State	Zip	Home Phone
Hospital/Physician Office Patient ID #	Accession #	

INSURANCE BILLING INFORMATION (PLEASE PRINT IN BLACK INK)

BILL TO: ☐ Client ☐ Patient ☐ Insurance (Complete insurance information below)

ABN ☐ Yes ☐ No WORKERS COMP: ☐ Yes ☐ No DOI: _____

PRIMARY: ☐ Medicare ☐ Medicaid ☐ Other Ins. _____ ☐ Self ☐ Spouse ☐ Child

Subscriber Last Name	First	MI
Beneficiary / Member #	Group #	
Claims Address	City	State Zip

SECONDARY: ☐ Medicare ☐ Medicaid ☐ Other Ins. _____ ☐ Self ☐ Spouse ☐ Child

Subscriber Last Name	First	MI
Beneficiary / Member #	Group #	
Claims Address	City	State Zip

Diagnosis	<div></div> <div></div> <div></div>
Clinical History	<div></div> <div></div> <div></div>

CLIENT INFORMATION

PHYSICIAN SIGNATURE REQUIRED

Physician Signature	Date / Time
Physician Print Name	NPI#

Date collected: ____/____/____ Time: _____

Collected by: _____

☐ Call results to phone number: (____) _____

☐ Fax report to: (____) _____

☐ Send additional report

Physician: _____

Address: _____

City, State, Zip: _____

MEDICAL NECESSITY NOTICE

When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

	Consultation on Prepared Slides/Blocks
	Biopsy: Specimen Types(s)/Sources(s):
A) _____	REQUIRED GYN SPECIMEN INFORMATION
	LMP
B) _____	PAP
	DRUGS/CHEMO Rx
C) _____	OP
	RAD Rx

Chromosome Analysis

	Cytogenetics / Chromosome Study, Products of Conception
	Cytogenetics /Chromosome Study, Tissue Other:
	<i>Note: Transport in Saline, Formalin is unacceptable; Stability: 48 Hours Refrigerated</i>

Time of formalin fixation required: (Check one)

☐ Less than 6 hours ☐ Cold Ischemia Time (breast markers)

☐ 6- 48 hours Specify _____

☐ Greater than 48 hours

Fixation type for this Specimen: _____

Electron Microscopy (must be in Glutaraldehyde)

Direct Immunoflourescence (DIF)

Cell Pellet: EGFR Mutational Analysis (ASPCR)

Paraffin Block: *ALK* (FISH)

Paraffin block: Immunohistochemistry (Indicate Stain)

Paraffin Block: EGFR Mutational Analysis (ASPCR)

Paraffin block: ER/PR (IHC)

Paraffin block: HER2 (FISH)

Paraffin block: *KRAS* Mutational Analysis (ASPCR)

Paraffin block: *BRAF* Mutational Analysis (ASPCR)

Paraffin block: HER2 (Erb-b2) HER2 (IHC)

ThinPrep Cytology Slide: *ALK* (FISH)

Special Request: