

Surgical Pathology Requisition



Indicate one: Global Slide Process Only (TC) Interpretation Only (PC)

PATIENT INFORMATION Shaded fields are required			
Date of Birth / /	Age	Sex	
Last Name	First Name	MI	
Street Address		Apt#	
City		State	ZIP
Patient Phone #		Patient Alternate Phone #	
Patient Medical Record #			

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BILLING INFORMATION – PRIMARY INSURED		■ SECONDARY We file all primary and secondary insurance plans if information is provided.	
Secondary Insurance: Please check box and attach copy of front and back of patient's card.			
Payer <input type="radio"/> Insurance <input type="radio"/> Patient <input type="radio"/> Client <input type="radio"/> Other			
Insurance Carrier	Pre-authorization Code	Policy Number/Insured ID Number	Group Number
Claims Address	City	State	ZIP
Claims Phone #	Policy Holder's Name		
Policy Holder's Relationship to Patient <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Dependent	Policy Holder's DOB / /	Policy Holder's Sex <input type="radio"/> M <input type="radio"/> F	If Uninsured Patient <input type="radio"/> Self Pay <input type="radio"/> Indigent
Policy Holder's Address	City	State	ZIP

CLINICAL INFORMATION			
Clinical History/Indications ICD Codes			
Date of Collection / /	Time of Collection	AM PM	
Breast	Time of fixation	Placed in 10% formalin fixative? <input type="radio"/> Y <input type="radio"/> N	
Gynecologic Specimens	Prior Biopsy/Pap Results	LMP / /	
Liver	Please attach LFT and Lab Results		

SPECIAL REQUESTS FOR PATHOLOGISTS Please print

SPECIMEN Use second form if necessary				
	Procedure	Specimen Type and Location	Testing Options	Specimen Labels 00000000
A	<input type="radio"/> Biopsy <input type="radio"/> Excision <input type="radio"/> FNA <input type="radio"/> Other _____		<input type="radio"/> Biopsy only <input type="radio"/> Flow only	Patient: _____ DOB: _____ Site A: _____ Clinician: _____ 00000000
B	<input type="radio"/> Biopsy <input type="radio"/> Excision <input type="radio"/> FNA <input type="radio"/> Other _____		<input type="radio"/> Biopsy only <input type="radio"/> Flow only	Patient: _____ DOB: _____ Site B: _____ Clinician: _____ 00000000
C	<input type="radio"/> Biopsy <input type="radio"/> Excision <input type="radio"/> FNA <input type="radio"/> Other _____		<input type="radio"/> Biopsy only <input type="radio"/> Flow only	Patient: _____ DOB: _____ Site C: _____ Clinician: _____ 00000000
D	<input type="radio"/> Biopsy <input type="radio"/> Excision <input type="radio"/> FNA <input type="radio"/> Other _____		<input type="radio"/> Biopsy only <input type="radio"/> Flow only	Patient: _____ DOB: _____ Site D: _____ Clinician: _____ 00000000
E	<input type="radio"/> Biopsy <input type="radio"/> Excision <input type="radio"/> FNA <input type="radio"/> Other _____		<input type="radio"/> Biopsy only <input type="radio"/> Flow only	Patient: _____ DOB: _____ Site E: _____ Clinician: _____ 00000000

In keeping with the requirements of Medicaid and Medicare, it is the policy of Inform Diagnostics only to perform testing that is medically necessary for the diagnosis and treatment of patient.

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