

# Inform Diagnostics Surgical Pathology Requisition



All cases are assumed Global. If NOT Global, please indicate:  Slide Process Only (TC)  Interpretation Only (PC)

\* We file all primary and secondary insurance, if provided (see reverse side).

PATIENT INFORMATION			
Date of Collection / /	Date of Birth / /	Age	Sex
Last Name	First Name	MI	
Street Address		Apt#	
City		State	ZIP
Patient Phone #		Patient Alternate Phone #	
Time of Collection ____ AM ____ PM		Patient Medical Record #	

CLINICAL INFORMATION	
Clinical History/Indications ICD Codes	
Gynecologic Specimens	<input type="radio"/> Premenopausal/LMP: _____ <input type="radio"/> Postmenopausal <input type="radio"/> Hormones: _____ <input type="radio"/> Prior Biopsy/Pap Results: _____
Operative/Previous Pathological Findings	

SPECIAL REQUESTS FOR PATHOLOGISTS (Please print)

SPECIMEN (Use second form if necessary)		
Specimen	Procedure	Specimen Type and Location
<b>A</b>	<input type="radio"/> Biopsy <input type="radio"/> Excision <input type="radio"/> FNA <input type="radio"/> Other _____ <input type="radio"/> If Breast* Time collected _____ AM / PM Time placed in fixative _____ AM / PM Placed in 10% formalin fixative? <input type="radio"/> Y <input type="radio"/> N	
<b>B</b>	<input type="radio"/> Biopsy <input type="radio"/> Excision <input type="radio"/> FNA <input type="radio"/> Other _____ <input type="radio"/> If Breast* Time collected _____ AM / PM Time placed in fixative _____ AM / PM Placed in 10% formalin fixative? <input type="radio"/> Y <input type="radio"/> N	
<b>C</b>	<input type="radio"/> Biopsy <input type="radio"/> Excision <input type="radio"/> FNA <input type="radio"/> Other _____ <input type="radio"/> If Breast* Time collected _____ AM / PM Time placed in fixative _____ AM / PM Placed in 10% formalin fixative? <input type="radio"/> Y <input type="radio"/> N	
<b>D</b>	<input type="radio"/> Biopsy <input type="radio"/> Excision <input type="radio"/> FNA <input type="radio"/> Other _____ <input type="radio"/> If Breast* Time collected _____ AM / PM Time placed in fixative _____ AM / PM Placed in 10% formalin fixative? <input type="radio"/> Y <input type="radio"/> N	
<b>E</b>	<input type="radio"/> Biopsy <input type="radio"/> Excision <input type="radio"/> FNA <input type="radio"/> Other _____ <input type="radio"/> If Breast* Time collected _____ AM / PM Time placed in fixative _____ AM / PM Placed in 10% formalin fixative? <input type="radio"/> Y <input type="radio"/> N	

\* For breast samples, date and time of collection and the type of fixative (10% neutral buffer formalin) is required per ASCO/CAP guidelines.

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.

6655 N. MacArthur Blvd., Irving, TX 75039 / 866.588.3280 / Fax 866.688.3280 / CLIA 45D0975010  
 4207 E. Cotton Center Blvd., Phoenix, AZ 85040 / 800.768.0958 / Fax 866.688.3280 / CLIA 03D1064744  
 15 Crawford St., Suite 100, Needham, MA 02494 / 857.229.1506 / Fax 617.969.3393 / CLIA 22D0957540  
 825 Rahway Ave., Union, NJ 07083 / 800.440.7284 / Fax 908.349.3107 / CLIA 31D0909259

**FOR LAB USE ONLY**

**BILLING INFORMATION – PRIMARY INSURED**
 **SECONDARY** Please check box and attach copy of front and back of patient's card.

We file all primary and secondary insurance plans if information is provided.

<b>Payer</b> <input type="radio"/> Medicare <input type="radio"/> Insurance <input type="radio"/> Patient <input type="radio"/> Client <input type="radio"/> Other _____		<b>Patient Status</b> <input type="radio"/> Non-hosp <input type="radio"/> Hosp in-patient <input type="radio"/> Hosp out-patient	
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	