

Surgical Pathology Requisition



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

PATIENT INFORMATION Shaded fields are required			
Date of Birth / /	Age	Genetic Sex <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown	
Last Name	First Name	MI	
Street Address		Apt#	
City		State	ZIP
Patient Phone #		Patient Alternate Phone #	
Patient Medical Record #			

Ordering Physician/Practitioner Signature **X**

BILLING INFORMATION - PRIMARY INSURED		SECONDARY		We file all primary and secondary insurance plans if information is provided.	
Secondary Insurance: Please check box and attach a copy of front and back of patient's card					
Payer <input type="radio"/> Insurance <input type="radio"/> Client <input type="radio"/> Patient <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="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		Policy Holder's DOB / /	Policy Holder's Genetic Sex <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown	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			
Hospital Status When Specimen Collected (where applicable)	<input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Non-Hospital Outreach/Clinic Patient		Discharge Date / /
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		
Lymph Nodes	Site <input type="checkbox"/> Excision <input type="checkbox"/> Core Biopsy <input type="checkbox"/> FNA <input type="checkbox"/> Formalin Fixative <input type="checkbox"/> RPMI Specimen		
Other			

SPECIAL REQUESTS FOR PATHOLOGISTS Please print

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

It is the policy of Inform Diagnostics to only perform testing that is medically necessary for the diagnosis and treatment of the patient.

1111 S. Freeport Pkwy., Coppell, TX 75019 / 866.588.3280 / Fax: 866.688.3280 / CLIA 45D0975010
 4207 E. Cotton Center Blvd., Phoenix, AZ 85040 / 866.588.3280 / Fax: 866.688.3280 / CLIA 03D1064744
 15 Crawford St., Suite 100, Needham, MA 02494 / 866.588.3280 / Fax: 866.688.3280 / CLIA 22D0957540

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