



Form with fields: Patient Legal Name (Last, First MI), Date/Time of Collection, Gender (at Birth) M F, DOB, Address, SSN / MRN, City, State, Zip, Telephone Number, Print Physician's Name (F, MI, L), Diagnosis, Physicians Signature, ICD-10 Diagnosis Codes, Client: (BILL FACILITY, BILL PATIENT OR INSURANCE, SPLIT BILL: TC TO FACILITY & PC TO INSURANCE (Medicare, Medicaid, Tricare), NOTE: For split and patient bill: Attach Face Sheet & Insurance Card)

PATHOLOGY CONSULTATION REQUISITION

SUB-SPECIALTY AREA

Grid of checkboxes for sub-specialty areas: AUTOPSY, BONE & SOFT TISSUE, BREAST, CYTOPATHOLOGY, DERMATOPATHOLOGY, GI / LIVER, GU, HEAD & NECK, HEART & LUNG, HEMATOPATHOLOGY, GYN, NEUROPATHOLOGY, RENAL, PEDIATRIC, PERINATAL

Diagnosis: \_\_\_\_\_

History: \_\_\_\_\_

Procedure: \_\_\_\_\_

RETURNING SLIDES / BLOCKS

Form with fields: Facility: \_\_\_\_\_ Attention: \_\_\_\_\_, Address: \_\_\_\_\_, City: \_\_\_\_\_, State: \_\_\_\_\_, Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Form with checkboxes: NUMBER OF BLOCKS: \_\_\_\_\_, NUMBER OF SLIDES: \_\_\_\_\_, NUMBER OF UNSTAINED SLIDES: \_\_\_\_\_, CURRENT PATHOLOGY REPORT ENCLOSED: \_\_\_\_\_