

## Surgical Pathology Test Requisition

Patient Information				Client Information	
Last name		First	MI	Client name	
Address		DOB	Sex	Address	
			<input type="checkbox"/> M <input type="checkbox"/> F		
City		State	ZIP	Account #	Phone #
Your patient ID number				Bill to:	
				<input type="checkbox"/> Client/Provider <input type="checkbox"/> Insurance	

**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 tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

### Insurance Billing Information *(Attach card or face sheet)*

Patient status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-hospital patient			
Hospital discharge date ____ / ____ / ____			
Primary: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Non-hospital patient			
<input type="checkbox"/> Other ins. _____ <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child			
Subscribers last name		First	MI
Beneficiary/Member #		Group #	
Claims address		City	State   ZIP
Secondary: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, attach)</i>		ABN: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diagnosis code <i>(required)</i> ICD-10 codes 1. _____ 2. _____ 3. _____			

Ordering Provider
Provider name
<input type="checkbox"/> Call results to phone # _____ - _____ - _____
<input type="checkbox"/> Fax report to # _____ - _____ - _____

Specimen Information	
Collection date (m/d/y)	Time

Tissue Site			Breast Removal		Derm Only	Histology Use Only
Specimen Description – Special Procedures			Time/Time in Formalin			S
						Measurements – Description – FS Diagnosis Procedure – History – Differential Diagnosis
<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Formalin <input type="checkbox"/> Zeus	A	Breast removal time _____	Placed in formalin time _____	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision	Clinical history/procedure: _____	
<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Formalin <input type="checkbox"/> Zeus	B	Breast removal time _____	Placed in formalin time _____	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision	_____	
<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Formalin <input type="checkbox"/> Zeus	C	Breast removal time _____	Placed in formalin time _____	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision	_____	
<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Formalin <input type="checkbox"/> Zeus	D	Breast removal time _____	Placed in formalin time _____	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision	_____	
<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Formalin <input type="checkbox"/> Zeus	E	Breast removal time _____	Placed in formalin time _____	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision	_____	
<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Formalin <input type="checkbox"/> Zeus	F	Breast removal time _____	Placed in formalin time _____	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision	_____	