



SURXXXXXXXXX

SURGICAL PATHOLOGY
CLIENT INFORMATION

PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)

Last Name	First	MI
Address	Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F
City	SS #	
ST	ZIP	Home Phone
Physician Office Patient ID#	CC MRN:	

INSURANCE BILLING INFORMATION (PLEASE PRINT IN BLACK INK)

BILL TO: Client Insurance Patient **ABN** Yes No **WORKERS COMP:** Yes No DOI: _____

PRIMARY Medicare Medicaid Other Ins. _____ Self Spouse Child

Subscriber Last Name	First	MI
Beneficiary / Member #	Group #	
Claims Address	City	ST ZIP

SECONDARY Other Ins. _____

Subscriber Last Name	First	MI
Beneficiary / Member #	Group #	
Claims Address	City	ST ZIP

PHYSICIAN SIGNATURE REQUIRED

Physician Signature	Date / Time
Physician Print Name	NPI#
Date collected: _____ / _____ / _____	Time: _____
Collected by: _____	

DIAGNOSIS _____

CLINICAL HISTORY _____

When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order test that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

Consultation on Prepared Slides/Blocks		Formalin fixation required: Length of fixation required for: _____ greater than or equal to 6 hours _____ less than 48 hours
Biopsy: Specimen Type(s)/Source(s):		Fixation type for this Specimen: _____
A) _____	REQUIRED GYN SPECIMEN INFORMATION	Electron Microscopy (must be in Glutaraldehyde)
	LMP	Direct Immunofluorescence (DIF)
B) _____	PAP	Paraffin block: Immunohistochemistry
	DRUGS/CHEMO RX	Paraffin block: ER/PR (IHC)
C) _____	OP	Paraffin block: HER-2/neu (FISH) HERZ (FISH)
	RAD RX	Paraffin block: HER-2/neu (Erb-b2) HERZ (IHC)
		Paraffin block: DNA and H & E
		Indicate Stain:
		Lymphoma, Full Consultation (Tissue Only) (Flow cytometry, light microscopy and interpretation)

Special Request: _____



SURXXXXXXXXX