

SERVICE REQUEST

For UW Pathology use

MRN:

Accession #

1 Patient Information	First Name	MI	Last Name
	Sex	DOB	SSN
	Patient Address		
	City	State	Zip
	Patient Phone #	Outside Facility Patient ID #	

2 Requesting Institution	Institution Name		
	Institution Address		
	City	State	Zip
	Person Completing Form		
	Phone	Fax	

3 Send Reports to	Requesting Physician (primary):	Phone	Fax	NPI #
	Referring Physician/Surgeon:	Phone	Fax	NPI #
	Referring Pathologist:	Phone	Fax	NPI #
	Additional reports to:	Phone	Fax	NPI #

4 Billing Information	Payment Options: <input type="checkbox"/> Patient Insurance* (If outpatient) <input type="checkbox"/> Self-Pay (No insurance) <input type="checkbox"/> Institution/Client Billing <input type="checkbox"/> Split Billing / Medicare* (Pro to Patient, Tech to Client) <small>*Medicare Billing policy does not permit tech claims on laboratory testing for hospital inpatients/outpatients. These tech charges will be billed to the requesting institution.</small>				
	Primary Insurance	Secondary Insurance			
	ID/Policy #	Group #	ID/Policy #	Group #	
	Insurance Address	Phone	Insurance Address	Phone	
	City/State/Zip	City/State/Zip			
	Insured's Name	DOB	Relation to Pt:	Insured's Name	DOB

Note: For Fresh or Frozen tissue, refer to shipping kit materials and or UWPathology.org for DNA Flow Cytometry preparation and shipping instructions.

5 Specimen Information					6 Attach: <input type="checkbox"/> Report
Medium:	#	Outside Accession/Case #:	Specify Biopsy Location or Tissue Source:	Collect Date	Patient Information: <input type="checkbox"/> UC <input type="checkbox"/> Crohn's Colitis <input type="checkbox"/> IBD <input type="checkbox"/> Barrett's Esophagus <input type="checkbox"/> POC <input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Fresh, <input type="checkbox"/> Frozen, <input type="checkbox"/> Paraffin Blocks					
<input type="checkbox"/> Fresh, <input type="checkbox"/> Frozen, <input type="checkbox"/> Paraffin Blocks					
<input type="checkbox"/> Fresh, <input type="checkbox"/> Frozen, <input type="checkbox"/> Paraffin Blocks					
<input type="checkbox"/> Fresh, <input type="checkbox"/> Frozen, <input type="checkbox"/> Paraffin Blocks					
<input type="checkbox"/> Fresh, <input type="checkbox"/> Frozen, <input type="checkbox"/> Paraffin Blocks					

If you run out of room, please use a second form and attach

Additional Patient History (eg: Disease Process) :

7 Physician Signature Required	
Submitting a specimen with this requisition form indicates familiarity and agreement with applicable Reference Laboratory Services policies found at http://pathology.washington.edu/clinical/servicerequest	
Signature:	Date:

Accessioned By: