

SERVICE REQUEST

For UW Pathology use

MRN:

Accession #

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

2 Sending 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)					
	*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.					
	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	Relation to Pt:

Note: For neuropathology services please use the form located at <http://pathology.washington.edu/clinical/servicerequest/>

5 Specimen Information	Medium:	#	Outside Accession/Case #:	Specimen Source (ex: R/L calf skin, etc):	Collect Date
	<input type="checkbox"/> Slides, <input type="checkbox"/> Blocks				
	<input type="checkbox"/> Slides, <input type="checkbox"/> Blocks				
	<input type="checkbox"/> Slides, <input type="checkbox"/> Blocks				
	<input type="checkbox"/> Slides, <input type="checkbox"/> Blocks				
	<input type="checkbox"/> Wet Tissue				

6 Attach: Report Demographics

Case Type:

Slide Review (UW/HMC/SCCA Patient)
 Dr: _____
 Clinic: _____
 Appt Date: _____

Slide Consult (Non UW/HMC/SCCA Pt.)

Breast/Gyn Pathology
 Bone/Soft Tissue
 Cardiac
 Cytology & Cervical Biopsies
 Dermatopathology
 Electron Microscopy
 GI Pathology
 GU Pathology
 Immunohistochemistry (IHC)
 Immunofluorescence
 Renal Other

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

Additional Comments or Related History (Not required):

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: