UW Medicine
PATHOLOGY
REVIEWS AND CONSULTS

SERVICE REQUEST

1959 NE Pacific St, **Room BB220**, Seattle, WA 98195
Phone: 206-598-6400 | Fax: 206-598-8049
UWPathology.org

For UW Pathology use	
MRN:	Accession #

Submit Form | Clear Form

All Fields are required unless otherwise noted.

❶ Patient Information (place EPIC label in this section)

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

❷ Requesting Institution

Institution Name		
Institution Address		
City	State	Zip
Person Completing Form		
Phone	**Fax**	

❸ Send Reports to:

Referring Pathologist:	Phone	Fax	NPI #
Referring Physician/Surgeon:	Phone	Fax	NPI #
Requesting Physician:	Phone	Fax	NPI #
Additional reports to:	Phone	Fax	NPI #

❹ Patient Insurance Information (complete below and attach a copy of the insurance card and face sheet.)

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/

❺ Specimen Information

Medium:	#	Outside Accession/Case #:	Specimen Source (ex: R/L calf skin, etc):	Collect Date
☐ Slides, ☐ Blocks				
☐ Slides, ☐ Blocks				
☐ Slides, ☐ Blocks				
☐ Slides, ☐ Blocks				
☐ Slides, ☐ Blocks				
☐ Wet Tissue				

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

Additional Comments or Related History (Not required):

❻ 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

❼ 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: