

# SERVICE REQUEST

**For UW Pathology use**

MRN:	Accession #
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<b>1 Patient Information</b>	First Name	MI	Last Name
	Sex	DOB	SSN
	Patient Address		
	City	State	Zip
	Patient Phone #	Outside Facility Patient ID #	

<b>2 Requesting Institution</b>	Institution Name		
	Institution Address		
	City	State	Zip
	Person Completing Form		
	Phone	Fax	

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

<b>4 Billing Information</b>	<b>Payment Options:</b> <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 neuropathology services please use the form located at <http://pathology.washington.edu/clinical/servicerequest/>

<b>5 Specimen Information</b>	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):

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