



Payor <input type="checkbox"/> Patient <input type="checkbox"/> PPO <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Client <input type="checkbox"/> Other	  <b>DIAGNOSTIC TESTS • ANATOMIC PATHOLOGY</b>
HMO Insurance Authorization # _____	

Patient Name (Last) (First)		DOB
Social Security No. (Use last 6 digits only)	Sex M F	Patient's Phone Number ( )
Patient Address	City	State Zip Code
Practice Name & Address		
Phone No.	Fax No.	
Physician Signature	Date	
Printed Physician Name	Physician NPI #:	Copies to: (Name & Address, Fax & Phone)

**Patient/health plan will receive 2 bills; technical (lab) and professional (M.D.) charges are billed separately.**

Insurance Info: Attach a copy of front & back of Insurance card or face-sheet.

For Lab Use Only
Requisition #

**ICD Code(s) - REQUIRED INFORMATION**

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Patient History / Clinical Findings:

Consultation Services: Surgical Pathology Hematopathology Dermatopathology Neuropathology  
Specific Pathologist (list): \_\_\_\_\_

Request to perform Consultation Second Opinion Other \_\_\_\_\_  
 Requested by: Pathologist Attending Physician Patient Other \_\_\_\_\_

**Specimen 1** Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Referring Facility Case No. \_\_\_\_\_

Material Submitted	# of Blocks/Slides/Tissue	Material Identifying Information (Block /Slide/Tissue Accession #)
<input type="checkbox"/> Unstained Slide(s) <input type="checkbox"/> Stained Slide(s) <input type="checkbox"/> Paraffin Block <input type="checkbox"/> X ray film(s)/Photo(s) <input type="checkbox"/> Fresh Tissue-Site: _____		

**Specimen 2** Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Referring Facility Case No. \_\_\_\_\_

Material Submitted	# of Blocks/Slides/Tissue	Material Identifying Information (Block /Slide/Tissue Accession #)
<input type="checkbox"/> Unstained Slide(s) <input type="checkbox"/> Stained Slide(s) <input type="checkbox"/> Paraffin Block <input type="checkbox"/> X ray film(s)/Photo(s) <input type="checkbox"/> Fresh Tissue-Site: _____		

**Specimen 3** Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Referring Facility Case No. \_\_\_\_\_

Material Submitted	# of Blocks/Slides/Tissue	Material Identifying Information (Block /Slide/Tissue Accession #)
<input type="checkbox"/> Unstained Slide(s) <input type="checkbox"/> Stained Slide(s) <input type="checkbox"/> Paraffin Block <input type="checkbox"/> X ray film(s)/Photo(s) <input type="checkbox"/> Fresh Tissue-Site: _____		