Specialized Pathology
LABORATORIES

CONSULT REQUISITION

Patient Information

Name (Last, First, MI): Sex: ☐Male ☐Female

Date of Birth (MM/DD/YYYY): _____

Include copies of the patient's demographic face sheet **or** write-in details below.

Street Address: _____

City: _____ State: _____ Zip: _____

Patient Phone #: _____

Medical Record/Patient ID#: _____

Place of Service:

☐Hospital Inpatient ☐Ambulatory Surgical Center
☐Hospital Outpatient ☐Office/Non-Hospital

Billing Information

Bill to: ☐Insurance ☐Patient ☐Client ☐Medicare/Medicaid

Include copies of both sides of the patient's insurance card(s).

Insurance Name: _____

Insurance Address: _____

City/State/Zip: _____

Policy #: _____

Group/Plan #: _____

Subscriber Name: _____

Subscriber DOB: _____

Relationship to Subscriber: ☐Self ☐Spouse ☐Dependent

Secondary Insurance: ☐Yes ☐No

Attach all of the patient's secondary insurance information to this requisition.

Provider Information

Ordering Physician: _____

Ordering Physician NPI #: _____

Clinical History/ICD-9:

Write all relevant clinical history below, or attach it to this requisition.

Consultation requested by?

☐Pathologist ☐Clinician ☐Patient

Clinical Information

☐Consultation *(All consultation requests must be submitted with a pathology report.)*

☐Directed Consultation (write name of requested pathologist below):

_____

☐Technical Only (no interpretation) List all desired stains/services below.

_____

_____

_____

Specimen(s) Submitted: _____

_____

_____

_____

_____

For bone/soft tissue and neuropathology consultations, provide results of imaging studies (CD or hard copy) if possible.

Materials Sent/Received

Describe All Specimens Sent to UF PathLabs for Testing Below:

Slides: _____

Blocks: _____

Other Materials: _____

_____

_____

Results

If someone must be contacted immediately with the final results, provide that person's name and direct phone number below:

Name: _____ Phone #: _____

Duplicates of the Report (If Any) Sent to?: _____

_____

_____

_____

_____

Sub-Labels: _____

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