EastPath Diagnostics
www.eastpathdx.com

REQUISITION FORM

Genitourinary Pathology

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PART A: Patient Information - *Required*

Patient Name:______________________________
Date of Birth:_______________Gender M_____F_____
Address:______________________________
____
Phone Number: ______________________________
Social Security:_______________EMR#__________
Specimen collection date:______________________

PART B: Provider Information

Physician:______________________________
Address: ______________________________
____
Phone: _______________ Fax: _______________
Signature: ______________________________
NPI #: ______________________________

Send Duplicate Report to: Name_______________Address/Fax______________________________

PART C: Indications/Clinical History: ______________________________

Required ICD-9 Code: 1)_______________ 2)_______________ 3)_______________4)_______________

PART D: Insurance Billing Information:

Send Bill to: Patient:_____ Insurance:_____

Medicare:_______Medicaid:________ Self Pay:_______ Relation to Insured:______________________________

Insured Name:______________________________ Insured I.D._______________Group #:_______________

Insurance Company Address:______________________________

Please Attach: 1) A copy of the front/back of patient's insurance card(s) or 2) Printout patient demographics and insurance information from your EHR

PART E: TISSUE PATHOLOGY: # of Container:____________

Prostate Biopsy:

A: Right Base ____________ **G:** Right Lat Base ____________
B: Right Mid ____________ **H:** Right Lat Mid ____________
C: Right Base ____________ **I:** Right Lat Base ____________
D: Left Mid ____________ **J:** Left Lat Mid ____________
E: Left Base ____________ **K:** Left Lat Base ____________
F: Left Mid ____________ **L:** Left Lat Mid ____________
M: Left Transitional ____________ **N:** Right Transitional ____________
O: ____________ **P:** ____________

Other Specimens (Urine cytology or biopsy)

1: ____________ **2:** ____________

FOR LAB USE ONLY: Receiving Date:____________Time:_________Accession#______________Note____________________