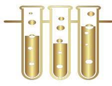

Surgical Pathology Requisition

9295 Farnham Street • Suite 100 • San Diego, CA 92123
Phone: (858) 261- PATH (7284) • Fax: (858) 939-1447
www.pacificrimpathology.com

ICD-10 Diagnostic Code(s):

Hospital/Facility: ______________________ Account #: __________

Pathologist/Radiologist: ______________________

Address: ______________________

Phone: ______________ Fax: ______________

Ordering Physician: ______________________

Address: ______________________

Phone: ______________ Fax: ______________

C.C. Physician: ______________________

Surgical/Case #: __________ ☐ Hospital Inpatient ☐ Hospital Outpatient ☐ Clinic/Surgery Center ☐ Other: __________

Patient Information: Bill to: ☐ Hospital ☐ Client ☐ Patient ☐ Insurance ☐ Medicare/Medicaid ☐ Other __________ MRN: __________

Patient's Name: ______________________

Social Security #: __________ Gender M F Date of Birth: __________

Address: ______________________

City: __________ State: ______ Zip Code: ______

Relationship to Insured/Responsible Party: ☐ Self ☐ Spouse ☐ Dependent

Patient's Phone #: ______________________

Insurance Information:

Insured/Responsible Party: ______________________

Social Security #: __________ Gender M F Date of Birth: __________

Address: ______________________

City: __________ State: ______ Zip Code: ______

Phone: __________ Member ID #: __________

Policy #: __________ Group # : __________

Insurance Co. Name: __________ Insurance Address : __________ City: __________ State: ______ Zip: ______

Renal Biopsy

☐ Native ☐ Transplant

☐ Left ☐ Right

☐ **Full Renal Panel** (LM, IF, EM)

____

Individual Panel Components

☐ Light Microscopy (10% Zinc formalin)
- ☐ Tech only ☐ Global

☐ Immunofluorescence (Michel's Solution)
- ☐ Tech only ☐ Global

☐ Electron Microscopy (3% Glutaraldehyde)
- ☐ Tech only ☐ Global

Non-Gyn Cytology

	Left	Right
☐ Thyroid FNA		
Upper	☐	☐
Middle	☐	☐
Lower	☐	☐
Air Dried _____		
Alc Fixed _____		
☐ Breast FNA	☐	☐
☐ Lymph Node FNA	☐	☐
Site: __________		
☐ Pleural Fluid	☐	☐
☐ Bronchial Washing	☐	☐
☐ Bronchial Brushing	☐	☐

☐ Pelvic Wash
☐ Peritoneal Fluid
☐ Peritoneal Washing
☐ CSF
☐ Urine
- ☐ Catheterized
- ☐ Voided

Other: __________

Surgical Pathology

Biopsy/Tissue Sites

Sample 1. __________

Sample 2. __________

Sample 3. __________

Sample 4. __________

Sample 5. __________

☐ Breast Needle Biopsy
- ☐ Mass ☐ Lesion ☐ Calcification

Time in formalin: __________
(Required for each sample)

Consult Case:

Client Case #: __________

Slide ☐ Block ☐

Other: __________

Stained ☐ Unstained ☐

Collection Date: __________

Time: __________

Body Site: __________

Number of Samples: __________ **Collection Date:** __________ **Collection Time:** __________

Clinical History: ______________________

____

____

____

____

____

****Please include relevant clinical history, lab results and insurance information with requisition****

Name: __________	Name: __________	Name: __________	Name: __________
Specimen: __________	Specimen: __________	Specimen: __________	Specimen: __________
DOB ____/____/____	DOB ____/____/____	DOB ____/____/____	DOB ____/____/____

LAB COPY