

## DEPARTMENT OF PATHOLOGY CONSULT REQUISITION

1600 Divisadero Street, Room B623  
San Francisco, CA 94143  
Phone: (415) 353-1613 Fax: (415) 353-7276  
Email: pathology-consult-services@ucsf.edu

MRN:

PT. NAME:

BIRTHDATE:

GENDER:

CLINIC:

VISIT #:

**PATHOLOGY SECTION ONLY**

**ACCESSION #**

Pathologist Name:

Date of Receipt:

**ORDERING/SUBMITTING PROVIDER SECTION ONLY (check one)  CYTOLOGY  SURGICAL PATHOLOGY**

**All REQUIRED fields and documents MUST be submitted to avoid any delay in test results.  
Copy of Pathology Report (REQUIRED), even a preliminary or working draft will suffice.**

**COMPLETE ALL ITEMS - PRINT LEGIBLY (REQUIRED)**

Ordering/Referring Provider: \_\_\_\_\_ UCSF Provider/NPI#: \_\_\_\_\_ Phone/Pager: \_\_\_\_\_

Provider is an:  Attending Physician  Allied Health Practitioner (Include Attending Physician information below)

Copy to (Print Name): \_\_\_\_\_ UCSF Provider/NPI # \_\_\_\_\_

Phone/Pager: \_\_\_\_\_ Address: \_\_\_\_\_

**Bill To (REQUIRED) (Check One Only): MUST attach a copy of insurance card (front and back) or face sheet.**

Patient (SELF PAY)  Referring Facility  PPO  HMO (REQUIRED) Insurance Authorization #: \_\_\_\_\_

Medicare (REQUIRED) For consult within 14 days of surgery, Medicare requires consultants to bill the referring facility for technical charges.  
Please indicate below which facility is responsible:

Facility Name: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

ICD-10 code(s) is/are necessary to indicate medical necessity and for billing purposes. If payment is denied by insurance, referring facility is required to obtain a signed Advance Beneficiary Notice (ABN) which acknowledges patient responsibility for payment.

**ICD-10 CODE (REQUIRED)**

**RELEVANT CLINICAL HISTORY / CONSULT QUESTION:**


**Consult Slides/Blocks (REQUIRED) (Providing blocks and/or unstained slides may expedite a final report):**

Specimen #: \_\_\_\_\_

Paraffin Block Count \_\_\_\_\_

Stained Slide Count \_\_\_\_\_

Unstained Slide Count \_\_\_\_\_

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Unstained Slide Count \_\_\_\_\_

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Paraffin Block Count \_\_\_\_\_

Stained Slide Count \_\_\_\_\_

Unstained Slide Count \_\_\_\_\_

**Special Instructions/Comments:**

678-002 (Rev. 07/19) PATHOLOGY DEPARTMENT COPY