

DEPARTMENT OF PATHOLOGY CONSULT REQUISITION

1600 Divisadero Street, Room R200
San Francisco, CA 94115
Phone: (415) 353-1613 Fax: (415) 353-7276
Email: pathology-consult-services@ucsf.edu

MRN:

PT. NAME:

BIRTHDATE:

GENDER:

CLINIC:

VISIT #:

UCSF 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 #: _____ <input type="checkbox"/> Paraffin Block Count _____ <input type="checkbox"/> Stained Slide Count _____ <input type="checkbox"/> Unstained Slide Count _____	Specimen #: _____ <input type="checkbox"/> Paraffin Block Count _____ <input type="checkbox"/> Stained Slide Count _____ <input type="checkbox"/> Unstained Slide Count _____	Specimen #: _____ <input type="checkbox"/> Paraffin Block Count _____ <input type="checkbox"/> Stained Slide Count _____ <input type="checkbox"/> Unstained Slide Count _____
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Special Instructions/Comments: