

SURGICAL PATHOLOGY REQUISITION

MRN:

PT. NAME:

BIRTHDATE:

GENDER:

CLINIC:

VISIT #:

PATH

Pathologist:	SP #:
Date of Receipt:	
Operating Room #	Date of Operation/Service:

COMPLETE ALL ITEMS - PRINT LEGIBLY

Ordering Provider _____ UCSF Provider # _____ Phone/Pager: _____
(Required)

Provider is a(n): Attending Resident/Fellow *(attending information required)* Allied Health Practitioner *(Including attending information if required)*

Attending Physician _____ UCSF Provider # _____ Phone/Pager: _____
(Print Name) (Required)

Copy to (Print Name): _____ UCSF Provider # _____ Phone/Pager: _____

Address: _____

Responsible Billing Party Name and Address *(if other than patient)*
 Name: _____ Address: _____

SP#

MEDICAL NECESSITY and ICD-10 CODES - (REQUIRED)
 ICD-10 code(s) is/are necessary to indicate medical necessity and for billing purposes. If payment is denied by insurance, inform the patient and have them sign the Advance Beneficiary Notice (ABN) which acknowledges patients responsibility for payment.

ICD-10 Code	CLINICAL HISTORY AND PRESENTATION

Consult Slides/Blocks: List materials provided.

ORDERING PROVIDER

Tissues Removed:	Note: FROZEN SECTION / FRESH / PERMANENT DOCUMENT TIME IN FORMALIN FOR ALL POTENTIAL ER/PR AND HER2 TESTS.	Total # Specimens
1.	4.	
2.	5.	
3.	6.	

HEMOPATHOLOGY SPECIMEN
 Comprehensive Testing with interpretation (testing performed as indicated by pathologist after review of morphology and histology).
 Includes morphology, histology, special stains, immunohistochemistry, flow cytometry, cytogenetic, FISH and molecular pathology as needed.

Bone Marrow Specimen Information	Collection Date:	Collection Time:
Bone Marrow Site: <input type="checkbox"/> Iliac Crest (Check all that apply): <input type="checkbox"/> L post <input type="checkbox"/> R post <input type="checkbox"/> L ant <input type="checkbox"/> R ant <input type="checkbox"/> Sternal		Bone Marrow Specimen: Single Bilateral Aspirate Smear: <input type="checkbox"/> <input type="checkbox"/> Aspirate Clot: <input type="checkbox"/> <input type="checkbox"/> Biopsy: <input type="checkbox"/> <input type="checkbox"/>

Specific Bone Marrow Orders	Molecular Testing	FISH Testing
<input type="checkbox"/> Flow cytometry <i>Acceptable Sample Type Lavender Top (EDTA)</i> <input type="checkbox"/> Cytogenetics <i>Acceptable Sample Type Dark Green Top (Sodium Heparin)</i>	<i>Acceptable Sample Type Lavender Top (EDTA)</i> <input type="checkbox"/> Baseline AML molecular tests (Includes FLT3, NPM1 and CEBPA) <input type="checkbox"/> BCR/ABL, t(9;22) by PCR <input type="checkbox"/> PML/RARA, t(15;17) by PCR	<i>Acceptable Sample Type Dark Green Top (Sodium Heparin)</i> <input type="checkbox"/> FISH for AML (5q-, -5, 7q-, -7 Trisomy 8, MLL (11q23), 20q-, RUNX1/RUNX1T1 (ETO/AML1) t(8;21), PML/RARA t(15;17), CBFB Inv(16) t(16;16)) <input type="checkbox"/> FISH for MDS (5q-, -5, 7q-, -7, Trisomy 8, MLL (11q23), 20q-) <input type="checkbox"/> FISH for CLL (6q- MYB, ATM (11q22.3), p53 (17p13.1), Trisomy 12, 13q-/13, CCND1/IgH I(11:14)) <input type="checkbox"/> FISH for myeloma (1p-, 1q+, iso(1q), +5, +9, +15, 13q-, 17p-(TP53, NF1)) <input type="checkbox"/> FISH for large B-cell lymphoma (MYC, BCL6, BCL2)

Special Instructions / Comments:

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