UCSF Health

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 #: _____	Specimen #: _____	Specimen #: _____
☐ Paraffin Block Count _____	☐ Paraffin Block Count _____	☐ Paraffin Block Count _____
☐ Stained Slide Count _____	☐ Stained Slide Count _____	☐ Stained Slide Count _____
☐ Unstained Slide Count _____	☐ Unstained Slide Count _____	☐ Unstained Slide Count _____

Special Instructions/Comments:

678-002 (Rev. 10/19) PATHOLOGY DEPARTMENT COPY