



The Pathology Center Methodist Hospital

8303 Dodge Street
Omaha, Nebraska 68114-4199
Phone: 402-354-4541 1-888-432-8980 Fax: 402-354-8806

www.thepathologycenter.org

FAX COMPLETED FORM TO:

FAX: (402) 354-4535 PHONE: (402)-354-4550

ATTN:

FOR LAB USE ONLY

FIN#: _____

DATE / INITIALS: _____

SLIDES RECEIVED: _____

SLIDES FROM ARCHIVE: _____

ALL INFORMATION IN THIS COLUMN TO BE COMPLETED

REQUESTING PHYSICIAN _____

OFFICE NAME OR FACILITY: _____

ADDRESS: _____

CONTACT PERSON: _____

AUTHORIZED SIGNATURE FOR VERBAL REQUEST: _____

PHONE NUMBER: _____

FAX NUMBER: _____

REQUEST DATE _____

- CURRENT INPATIENT OUTPATIENT
- HAS PATIENT BEEN DISCHARGED IN LAST 14 DAYS

LEGAL PATIENT NAME: _____
LAST FIRST MI

M F DOB: _____ SSN # _____

***PLEASE ATTACH CURRENT PATIENT DEMOGRAPHICS AND COPIES OF ALL CURRENT INSURANCE CARDS ***

REQUEST FOR TESTING INDICATES PATIENT CONSENT TO RELEASE INFORMATION REGARDING TESTING AS REQUESTED IS ON FILE AT CLIENT FACILITY.

Medicare ABN or Non Medicare Waiver of Liability YES NO

Diagnosis / ICD-10: _____

Preauthorization:

- Completed In-Process Not Required

Authorization Number: _____

TESTING REQUESTED

Requested Testing

- **BRAF****
- **EGFR****
- **KRAS****
- BIOTHERANOSTICS: TEST TYPE: _____
- DNA (S Phase & Ploidy)
- EML4 / ALK
- ER / PR
- HER-2 NEU
- MGMT
- MMR SCREENING TEST FOR LYNCH SYNDROME
- ONCOTYPE DX
- FOUNDATION ONE
- CARIS: TEST TYPE _____
- 1p19q DELETION
- PDL1: DRUG (I.E. KEYTRUDA, OPDIVO, ETC.) _____
- P16
- ROS 1
- AGENDIA: TEST TYPE: _____
- OTHER: _____
- OTHER _____
- CONSULT
Slides Requested from _____

- STAIN ONLY FOR _____ AND RETURN

ALL TESTING MAY REQUIRE PRE-AUTHORIZATION CONSULT WITH PATIENT TO OBTAIN INFORMATION

****HIGHLIGHTED** TESTS REQUIRE PRE-AUTHORIZATION**

SURGICAL PATHOLOGY

Completed Reference Lab Requisition with signature and demographics attached

SPECIMEN INFORMATION

Specimen Type: _____

Source: _____

Collected: _____

Previous Case Number: _____

Clinical History (Pre-Op/Post-Op Findings): _____

LABEL