

PATHOLOGY SERVICE REQUEST

University of Washington Medical Center
 Anatomic Pathology Department
 Phone: 206-598-6400 Fax: 206-598-8049

UWMC PATIENT NO.

UWMC ACCESSION NO.

PATIENT NAME	
DATE OF BIRTH	SEX

SUBMITTED FROM:

INSTITUTION		
DEPARTMENT		
STREET ADDRESS		
CITY	STATE	ZIP CODE

Please Bill:

- INSTITUTION**
 Check if you wish institution to be billed. If insurance information is not provided we **must** bill the institution.
- INSURANCE/PATIENT**
 Attach a copy of the patient's registration form which includes group number, policy number, insurance carrier, phone number and patient's address.
- SPLIT BILLING**
 Check if you wish to have the technical charges billed to the institution and the professional charges billed to the patient insurance. Attach a copy of the patient's registration form described under the above INSURANCE/PATIENT.

PATIENT TO BE SEEN AT UWMC/SCCA: Yes NO

CLINIC: _____**DR.:** _____

First Name

Last Name

APPOINTMENT DATE (IF KNOWN): _____

ATTACH PATHOLOGY REPORT, if not: Report Pending
 None

****SEND REPORTS TO****

REFERRING PHYSICIAN/PATHOLOGIST (Include First and Last Name)	UPIN# /NPI	PHONE NUMBER	FAX NUMBER
COPIES TO: (INDIVIDUALS OTHER THAN REFERRING PHYSICIAN, INCLUDE ADDRESS)		CLINICAL HISTORY	
PERSON COMPLETING FORM	PHONE NUMBER		

****When submitting slides, send recuts whenever possible. These will be retained. If you wish the recut slides returned, please indicate by checking box: Return Recuts**

****Original slides/blocks will be returned 6 weeks after received date.**

MATERIALS SUBMITTED

TYPE	QUANTITY	ACCESSION # AND SUBLABELS	TISSUE SOURCE
SLIDES			
BLOCKS			
TISSUES/ OTHER		(Fresh, Frozen, Images, Blood, Etc)	

LABORATORY SERVICES

- SLIDE REVIEW (Patient to be seen at UWMC/SCCA)
- SLIDE CONSULTATION (Patient not to be seen at UWMC/SCCA)
- CARDIAC
- DERMATOPATHOLOGY
- ELECTRON MICROSCOPY
- FLOW CYTOMETRY
- IMMUNOHISTOCHEMISTRY (IHC)
- IMMUNOFLUORESCENCE
- RENAL
- ROUTINE HISTOLOGY
- ADDITIONAL MATERIAL ON CASE CURRENTLY SUBMITTED

SEND TO UWMC Pathology, Room BB220
 or M/S Box 356100
 1959 NE Pacific St.
 Seattle, WA 98195

COMPLETED BY UWMC

Accessioned by: _____