

Health insurance / payer		
Surname, first name of insured		Date of birth
Address of insured person		
Payer ID	Insurance no.	Status
Practice site no.	Physician no.	Date
Complete only for onward referral!		
Practice site no. of original referrer		Physician no. - original referrer

Pathology Barcode Label

Received at Pathology:

Date: _____

Time: _____



**Institute for Pathology
and Tissue Medicine**

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Pathology Request Form

☐ **Urgent report**, preliminary transmission via ☐ Phone ☐ Fax No.: _____

☐ **Frozen section** Name and phone: _____ Collection date: _____

Billing: _____ Time: _____

☐ outpatient ☐ inpatient ☐ private invoice to patient ☐ Hybrid-DRG ☐ BG ☐ other _____

Clinical Information _____

Clinical Question / Suspected Diagnosis, Previous Pathology (Report No.) _____

Specimen / Type and Anatomical Site _____

Stamp, Date and Signature of Submitter _____