FAIRVIEW
Fairview Diagnostic Laboratories

Fairview Lakes Hospital Pathology 651-982-7220
Fairview Ridges Hospital Pathology 952-892-2094
Fairview Southdale Hospital Pathology 952-924-5092
UMMC - Riverside Pathology 612-273-4022
UMMC - University Pathology 612-273-5920

Accession Label — Lab Use Only

Pathology Request Form

Please print legibly or attach preprinted label to each copy of form

Acct No. /P/O: _____

Clinic Name/Phone: _____

Address: _____

City-State-Zip: _____

SPECIMEN INFORMATION

Collection Date: | Collection Time:

Performing Physician: Last, First, MI | UPIN

Referring Physician: Last, First, MI | UPIN

Specimen Source:

PATIENT DATA

Name: Last First MI

DOB: (MM / DD / YYYY) / /

Sex: ☐ Female ☐ Male

Address: Street Apt. #

City: | State: | Zip:

Phone Number:

SSN: / /

FV MRN:

CLINICAL INFORMATION
One of the following **is required by JCAHO**:
ICD-9 code, diagnosis, or symptoms and history

ICD-9 code:

Diagnosis:

Pertinent Clinical History:

STUDIES REQUESTED (check all that apply)

Surgical Pathology
- ☐ Gross Examination Only
- ☐ Routine Tissue (gross and microscopic exam)
- ☐ Frozen Section Call Back #:
- ☐ Calculi for Chemical Analysis
- ☐ Special Studies (specify)

Non-GYN Cytology (612-273-5920)
- ☐ Smears
- ☐ Fluid
- ☐ Fine Needle Aspiration
- ☐ Other

Bill To: ☐ **Insurance** ☐ **See attached information** ☐ **Clinic Account** ☐ **Patient**
Billing Information: Complete information must be provided or Clinic will be billed.
Specify 1 (primary), 2 (secondary), etc. in "#" box next to insurance information to indicate order of payers

INSURANCE

#	**MEDICAID/ MEDICARE Number:**	**State:**

#	Plan Name:		
ID#:		Group #:	
Insurance Address:			
City:	State:	Zip:	
Name of Insured:	Relationship to Patient		

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ID#:		Group #:	
Insurance Address:			
City:	State:	Zip:	
Name of Insured:	Relationship to Patient		

Top and Middle Copy to Lab, Bottom Copy for Client

Form # 501706
Revised 2/07

FOR RECEIVING USE ONLY	INITIALS	Patient ID	Accession No.