



LABORATORY MEDICINE CONSULTANTS

SURGICAL PATHOLOGY/CYTOLOGY REQUISITION

SPECIMEN NUMBER

REFERRING PHYSICIAN

SPECIMEN DATE

CLIENT INFORMATION NUMBER

PATIENT NAME (LAST)

PATIENT NAME (FIRST, MI)

PATIENT ADDRESS

PATIENT (CITY, STATE, ZIP)

PATIENT SOCIAL SECURITY NUMBER

PATIENT DATE OF BIRTH

PATIENT PHONE NUMBER (AREA CODE, NUMBER)

PATIENT AGE

PATIENT GENDER

ADDITIONAL COPY OF RESULTS TO:

(Last Name)

(First Name)

(Fax Number)

MEDICARE PATIENTS: IF REQUIRED, THE ADVANCE BENEFICIARY NOTICE MUST BE COMPLETED, SIGNED BY THE PATIENT, AND ATTACHED.

B PLEASE ATTACH A COPY OF THE PATIENT'S DRIVERS LICENSE FRONT AND BACK AND A COPY OF THE PATIENT'S INSURANCE CARD FRONT AND BACK

Financial and release of information authorization: In consideration for services rendered, I/we hereby assign the benefits due me covering the services provided by Laboratory Medicine Consultants, including major medical benefits. I/we authorize the release of information necessary for insurance purposes, further, that in consideration of service rendered to the patient, I/we hereby obligate myself/ourselves to assume responsibility for full payment of account.

NAME OF INSURED (SUBSCRIBER)

LAST

FIRST

PATIENT IS:

SELF

SPOUSE

CHILD

OTHER

INSURED EMPLOYER AND ADDRESS:

CITY

STATE/ZIP

PRIMARY INSURANCE

MEDICARE/MEDICAID NUMBER

GROUP NAME/NUMBER

SECONDARY INSURANCE

GROUP NAME/NUMBER

INSURED OR PATIENT SIGNATURE FOR FINANCIAL AND RELEASE OF INFORMATION

DATE

PLEASE BILL (CHECK BOX)

DOCTOR/CLIENT

PATIENT

INSURANCE

DIAGNOSIS (SPECIFY ICD 9 CODES)

HIGHEST SPECIFICITY REQUIRED

1.

2.

3.

4.

FROZEN SECTION YES NO

IF YES, SEND SPECIMEN WITHOUT FIXATIVE AND NOTIFY LAB

IMPORTANT

SEE BACK OF REQUISITION SLIP FOR ADDITIONAL INFORMATION ON BONE MARROW SPECIMEN REQUIREMENTS

IMPORTANT

CLINICAL HISTORY

PROCEDURE/FINDINGS

SPECIMEN / SOURCE

A.

E.

B.

F.

C.

G.

D.

H.

OTHER INSTRUCTIONS:

LMC COPY

BONE MARROW SPECIMEN REQUIREMENTS

***Flow Cytometry - Sodium heparin (green top)**

Leukemia/Lymphoma panel

Cytogenetics - Sodium heparin (green top)

Chromosome Analysis

Molecular Genetics by PCR - EDTA (lavender top)

BCR/ABL

T&B cell gene rearrangement

BCL-2

PML/RARA

Molecular Genetics by FISH - Sodium heparin (green top)

BCR/ABL

PML/RARA

TEL/AML1

Microbiology - Sodium heparin (green top)

AFB

Culture and sensitivity

Fungal culture

*May also be performed on lavender or yellow top tube.

(Combined tests of same sample type, may be performed with one tube)