UI Diagnostic Laboratories
Department of Pathology
200 Hawkins Drive, 5231 RCP
Iowa City, Iowa 52242
Toll Free: 866-844-2522
Local: 319-384-7212
Client Services Fax: 319-384-7213
Billing Fax: 319-356-0729

ANATOMIC PATHOLOGY CONSULT REQUISITION

Reset

FOR UIDL USE ONLY: MRN# PATH#
FOR CLIENT USE ONLY: Requisition Date Completed by:

PART A – PATIENT INFORMATION – *Required*			**PART B – PROVIDER INFORMATION – *Required***		
Patient Last Name:			Referring Institution:		
Patient First Name:			Street:		
Street:			City:	St:	Zip:
City:	St:	Zip:	Phone:	**FAX:**	
Phone:	Fax:		Referring Physician:		
Date of Birth:	Gender: ☐ M ☐ F		Referring Physician Phone:		

NOTE: If PART D is not completely and accurately filled out, the ordering facility will be billed for this case.

PART C - SPECIMEN INFORMATION
MATERIALS SUBMITTED: _____ **SLIDES*** _____ **BLOCKS*** _____ **WET TISSUE** _____ **OTHER** Specify source below

Required ICD-10 codes: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

TISSUE SOURCE/SITE: _____ **DATE OF COLLECTION:** _____

CONSULTATION REQUESTED*: (All consultations include interpretation) *Please include a copy of your report

☐ BONE AND SOFT TISSUE
☐ BONE MARROW/HEMATOLOGY
☐ CYTOPATHOLOGY **(see below)**
☐ DERMATOPATHOLOGY
☐ ELECTRON MICROSCOPY
☐ MOLECULAR PATHOLOGY
☐ NEUROPATHOLOGY
☐ RENAL PATHOLOGY
☐ SURGICAL PATHOLOGY
☐ IHC Stain _____
☐ TC only ☐ TC & Interpretation
☐ ISH Stain _____
☐ TC only ☐ TC & Interpretation

MANDATORY COMPLETION FOR A CYTOPATHOLOGY ORDER:
CURRENT suspicion of cancer? ☐ Yes ☐ No Is there a mass lesion? ☐ Yes ☐ No Mass lesion site _____ Size _____
Suspicious clinical finding: ☐ FUO ☐ GI Bleed ☐ Hemoptysis ☐ Hematuria ☐ Weight loss Tobacco use: ☐ Smoker ☐ Snuff/chew ☐ Passive
Hazardous exposure: ☐ No ☐ Asbestos ☐ PVC ☐ Other CANCER SITE: _____ CANCER TYPE: _____
Cancer treatment: ☐ Surgery ☐ Radiotherapy ☐ Chemotherapy ☐ Immunotherapy Last TREATMENT date (YEAR): _____

See the completed list of IHC stains offered https://www.healthcare.uiowa.edu/path_handbook/extras/ImmunoAntibodyList.pdf
See the completed list of ISH stains offered https://www.healthcare.uiowa.edu/path_handbook/rhandbook/test183.html

PERTINENT CLINICAL HISTORY AND FINDINGS: _____

CLINICAL DIFFERENTIAL DIAGNOSIS: _____

PREVIOUS TESTS RELEVANT TO CURRENT PROBLEM (e.g. Prior tissue, abnormal cytology examination, recent CBC, etc.)

LIST CYTOLOGY SPECIMENS AND COLLECTION METHOD (e.g. brush, wash, catheterized, void): _____

PART D – MANDATORY BILLING INPUT **NOTE:** Claims can't be submitted to a Medicaid Program outside of Iowa.
Patient status at the time of collection of the original specimen: UIDL is only contracted with BCBS in Iowa.
REQUIRED INPUT ☐ Hospital Inpatient ☐ Hospital Outpatient ☐ Non-Hospital Patient

If Hospital Inpatient or Outpatient is checked, the following must be completed about the Hospital where the original specimen was collected (if different than the referring institution in Part B):
Name of Hospital: _____ Contact Name/Phone: _____
Address of Hospital: _____ City: _____ State: _____ Zip: _____

☐ **Bill Client**
Email Recipient for Invoicing: _____ **Name:** _____ **Phone:** _____

☐ **Bill Insurance** **PRE-AUTHORIZATION #:** _____ Required for all out of state cases.

☐ **No insurance:** ☐ **Patient is IA Resident, UIDL Bill Patient** ☐ **Patient is NON IA Resident. Prepayment required for testing**

See website for a comprehensive guide to UIDL Billing - https://medicine.uiowa.edu/uidl/resources/billing-options
If 3rd party billing is being requested, the front and back of the insurance card is REQUIRED to be attached.

Medicare will only pay for the services that it determines to be "reasonable and necessary" under section 1862(a)(1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not "reasonable and necessary" under the Medicare standards, Medicare will deny payment for that service or test.

The purpose of this form is to obtain information necessary for UIDL Pathology Department to perform consultations and/or testing. Failure to properly complete the form may cause delay in the processing of specimens.

Print

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