UIDL
UI Diagnostic Laboratories

FAX THIS FORM TO: (319) 384-7213
TOLL-FREE: (866) UIHC LAB
LOCAL: (319) 384-7212

Renal Pathology Requisition

RESET

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

SPECIMEN INFORMATION - *REQUIRED*

STATUS: ☐ STAT ☐ ROUTINE **Has the patient had a RENAL TRANSPLANT?** ☐ Yes ☐ No **If Yes, when?** _____

Please check all testing you are requesting: ☐ LM, IF, + EM ☐ IF & EM ☐ EM only ☐ C4d ☐ BK Virus

SPECIAL INSTRUCTIONS:

Specimen Source: ☐ Left Kidney ☐ Right Kidney **Collection Date:** / / ☐ Outpatient ☐ Inpatient

Specimen(s): ☐ Formalin Vial ☐ Michel's Vial ☐ Glutaraldehyde Vial ☐ Slides ☐ Paraffin Block

Required ICD-10 Code(s): 1) 2) 3) 4)

PATIENT INFORMATION - please print

Legal Name:	DOB:	Male ☐ Female ☐
Address:		
City:	State:	Zip:
Phone:		

NEPHROLOGIST TO CALL WITH BIOPSY RESULTS - *REQUIRED*

Ordering Nephrologist Name:		
Nephrologist Cell:	**Office:**	**FAX:**
Group Name:		
Address:		
City:	**State:**	**Zip:**

REFERRING INSTITUTION OR PATHOLOGY GROUP:

Institution/Path Group Name:		
Pathologist Name:		
Phone:	**FAX:**	
Address:		
City:	**State:**	**Zip:**

SEND BILL TO - REQUIRED

☐ **Bill Referring Physician/Institution**
☐ **Bill Patient's Insurance** - If checked and patient has no insurance the referring physician will automatically be billed.

INSURANCE INFORMATION:

Primary Insurance:	Phone:	
Address:		
City:	State:	Zip:
Policy Holder's Name:	Policy ID #:	
Group Name:	Group #:	
Secondary Insurance:	Phone:	
Address:		
City:	State:	Zip:
Policy Holder's Name:	Policy ID #:	
Group Name:	Group #:	
MEDICARE:		
Medicare #:	Group #:	Effective Date:
MEDICAID:		
Medicaid #:	Benefit Type:	Effective Date:

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 customary" under the Medicare Standards, Medicare will deny payment for that service or test.

PRINT