



Shipping Address

Washington University Pathology Services
Clinical Support Office
425 S. Euclid Ave., Room 4701
MSC 8024-14-4711
St. Louis, MO 63110

Sample drop-off locations:

Clinical Support Office
Institute of Health (IOH) Core Lab
509 S. Euclid Ave.
425 S. Euclid Ave., Room 4701
4th Floor West Bldg, Room 4711
St. Louis, MO 63110
Tel: (314) 454-8101
Tel: (314) 362-1470
(8:00am - 5:00pm)
AFTER HOURS

Office use only

Date/Time Received:
Accession Number:
Technician Initial:

This requisition has two pages, please complete it completely and accurately.

PATIENT IDENTIFICATION

PHYSICIAN ORDER TEST (NPI required)

Form with fields for Name Last, First, MI, DOB, Sex, Medical Record #, Address, City, State, Zip, NPI, Email, Phone, Fax.

SPECIMEN (check one)

Date Specimen Collected:

Form with checkboxes for Peripheral Blood, Bone Marrow, Bone Core, Solid Tumor, Lymph Node.

Tissue Biopsy, specify:

CLINICAL INFORMATION

Form with fields for Clinical Diagnosis, ICD10 Code, WBC%, Disease Status, Post: BMT/SCT, Circulating Blasts, Immunophenotype.

TESTING REQUESTED (check all that apply)

Chromosome Analysis/ Karyotype

Fluorescence In-Situ Hybridization (Chromosome abnormality/Probe Loci are indicated. *denotes probes available but not included in panel)

Grid of testing options including AML Panel, B-cell ALL Panel, CLL Panel, MPN Panel, Diffuse Large Cell, Mantle Cell, SCLL, MDS Panel, Multiple Myeloma Panel, Burkitt's Panel, Waldenstrom Macroglobulinemia Panel, T-cell ALL Panel, Anaplastic, Lymphoma Panel, Sex Mismatch Transplant, CMML, CML.

REFERRING PHYSICIANS (Name, address, and contact information of ordering physician is required. Residents must include attending physician contact information)

Form with fields for Doctor, Address, Tel, Fax, Pager.

PATIENT INFORMATION

Last Name:	First Name:	MI:	DOB: (mm/dd/yyyy):
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INSURANCE AND PRECERTIFICATION

Patients are responsible for non-covered services, deductibles, co-insurance, contract exclusions, non-authorized services, and remaining balances after insurance reimbursement. Washington University School of Medicine can only accept authorized Missouri and Illinois MEDICAID covered charges for genetic testing. Other out-of-state welfare programs cannot be billed. Please contact our Patient Accounts Manager office at 314-362-5641 or via e-mail at path-billing@email.wustl.edu for complete insurance filing information and the managed care contract list.

Prior Authorization Number:	ICD10 Code(s):
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CPT Codes and Units Authorized:

ATTACH COPY OF INSURANCE CARD (if not available, complete the following)

Policy Holder's Name: Last	First	MI	Insurance Co. Name:
Policy Holder's Date of Birth (mm/dd/yyyy)	Insurance Co. Phone:		
Relationship to patient:	ID#:	Group#:	

SELF-PAY/PATIENT FINANCIAL ASSISTANCE

Patients who are self-pay should contact our office to arrange for payment. Financial assistance may be available. For more information, contact our Patient Accounts Manager office at 314-362-5641 or via e-mail at path-billing@email.wustl.edu.

..... **Reference Laboratories: complete section below**

INSTITUTIONAL BILLING

Institution Name:

Contact Name:

Email:

Billing Address:

City:	State:	Zip:
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Phone:	Fax:
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