UW Medicine PATHOLOGY
NEUROPATHOLOGY

SERVICE REQUEST

908 Jefferson St, **Room 2NJ244**, Seattle, WA 98104
Phone: 206-744-3145 | Fax: 206-744-8240 | UWPathology.org

For UW Pathology use	
MRN:	Accession #

❶ Patient Information

First Name	MI	Last Name
Sex	DOB	SSN
Patient Address		
City	State	Zip
Patient Phone #	Outside Facility Patient ID #	

❷ Requesting Institution

Institution Name		
Institution Address		
City	State	Zip
Person Completing Form		
Phone	Fax	

❸ Send Reports to

	Phone	Fax	NPI #
Requesting Physician (primary):			
Referring Physician/Surgeon:			
Referring Pathologist:			
Additional reports to:			

❹ Billing Information

Payment Options: ☐ **Patient Insurance*** (If outpatient) ☐ **Self-Pay** (No insurance) ☐ **Institution/Client Billing** ☐ **Split Billing / Medicare*** (Pro to Patient, Tech to Client)

*Medicare Billing policy does not permit tech claims on laboratory testing for hospital inpatients/outpatients. These tech charges will be billed to the requesting institution.

Primary Insurance			Secondary Insurance		
ID/Policy #	Group #		ID/Policy #	Group #	
Insurance Address	Phone		Insurance Address	Phone	
City/State/Zip			City/State/Zip		
Insured's Name	DOB	Relation to Pt:	Insured's Name	DOB	Relation to Pt:

Note: For Fresh or Frozen tissue refer to shipping kit materials and or UWPathology.org for preparation and shipping instructions.

❺ Specimen Information

Transport Medium:	Quantity	Outside Accession/Case #:	Specimen Source (be specific ex: R/L Sural Nerve, R/L Occipital Lobe, etc):	Collection Date:
☐ Slides ☐ Blocks ☐ Fixed ☐ Fresh (on wet ice) ☐ Fixed for EM ☐ Frozen (on dry ice)				
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FISH/IHC Testing (optional):

FISH:
- ☐ 1p/19q Deletion
- ☐ PTEN Deletion
- ☐ EGFR Amplification

IHC (write in):

Additional Comments or Related History (Not required):

❻ Physician Signature Required

Submitting a specimen with this requisition form indicates familiarity and agreement with applicable Reference Laboratory Services policies found at http://pathology.washington.edu/clinical/servicerequest

Signature:	Date:

For UW Pathology Use	
Accessioned by:	Time Stamp: