Trumbull Laboratories, LLC
helping doctors help patients
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G. David Spencer, M.D., Medical Director

Surgical Pathology Requisition

PATH NO

COLLECTOR COMPLETES PURPLE SHADED AREAS

CHART #: SOCIAL SECURITY #: COLLECTION DATE:

PATIENT'S NAME (LAST, FIRST, MI): COLLECTION TIME:

HOME ADDRESS, CITY, STATE, ZIP

PATIENT PHONE #: SEX: ☐ MALE ☐ FEMALE DATE OF BIRTH:

SUBMITTING PHYSICIAN:

For insurance billing - please fill out form in entirety or COPY insurance card

FAILURE TO FILL OUT FORM COMPLETELY WILL CAUSE DELAY OF TEST RESULT

PRIMARY INSURANCE: ID#: GROUP #:

INSURANCE ADDRESS:

INSURANCE PHONE #: INSURANCE SUBSCRIBER: DOB RELATIONSHIP TO PATIENT:

SECONDARY INSURANCE: ID#: GROUP #:

INSURANCE ADDRESS:

INSURANCE PHONE #: INSURANCE SUBSCRIBER: DOB RELATIONSHIP TO PATIENT:

CLINICAL HISTORY/ICD-10/DIAGNOSIS(ES):

HAS THE PATIENT EVER BEEN DIAGNOSED WITH CANCER? YES / NO PLEASE SPECIFY:

PRE OP THERAPY: CHEMO ☐ XRT ☐

EXACT ANATOMIC SOURCE(S) OF TISSUE REMOVED (ADDITIONAL SPACE ON BACK)

A.

B.

Specimen Removed From Patient

Time:

Specimen Placed In Formalin

Time:

DO NOT WRITE BELOW THIS LINE

PREVIOUS PATHOLOGY ACCESSION NUMBERS:

PATHOLOGICAL DIAGNOSIS:

CHARGE CODE	# SPEC	# BLOCKS	# SLIDES	# FSGO	# FSFCFB	# FSFCAB	# FSACFB	# FSACAB

PHOTO	X-RAY	OTHER	QUALITY ASSURANCE CODES	DISPOSITION	SPECIAL PROCEDURES	PATHOLOGIST

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