Corewell Health Laboratories Cytology Pathology Requisition

Reference Laboratory West | 35 Michigan St. Grand Rapids, MI 49503 | 24/7 Call Center Phone: 616-774-7721 | Orders Team Fax: 616-774-7696

Submitter and Provider Information **REQUIRED			Patient Information **REQUIRED		
Epic ID**	Institution or Epic Submitter Name**		Last Name**	First Name**	MI**
Phone**	Fax**		Sex**	Date of Birth (DOB)**	Phone / SSN
Address	City	ST Zip	Patient Address**	City**	State** Zip**
Authorizing Provider Name and NPI (printed)**	Fax # if different		Billing Options** Include copy of face sheet if Corewell Health is billing patient directly ☐ Patient Insurance (Patient Bill) ☐ Patient Self-Pay (Patient Bill) ☐ Institutional Guarantor or Other (Lab still pick patient bill)		
Ordering Provider Name and NPI (printed, if different from above)	Fax # if different		Primary Insurance or Guarantor Name**	Policy # or Guar ID**	Group ID #
Intraoperative Consult Direct Call Back Name***	Phone Number		Insurance or Guarantor Address		
Additional Reports to Name (CC)	Fax		Insured's name	Insured's DOB	Relation to Pt.

Note: Medicare will only pay for tests that meet the Medicare definition of "Medical Necessity". Medicare may deny payment for a test that the physician believes is appropriate, such as a screening test. Be certain the patient has signed the Advanced Beneficiary Notice (ABN) CMS-R 131 as needed. Please attach all patient and insurance information to this order.

****Provider Signature Required** Submitting a specimen with this requisition form indicates familiarity and agreement with applicable Reference Laboratory Services Policies.

Signature** **Order Date****

Order and Collection Information – **REQUIRED

Pertinent Clinical Information and Reason for Examination

Required for breast tissue:
Cold ischemia start time
Formalin fixation start time
Total cold ischemia time
Formalin fixation stop time
Total formalin fixation time

Date Collected**	Time Collected**	Collector name and phone

ICD 10 Codes or Diagnosis **	Priority
	☐ STAT

☐ **Medical Cytology Fluid Collection 2111297**			☐ **Fine Needle Aspirate 2111263**	
☐ Peritoneal Fluid		☐ Urine, Voided	☐ Breast	☐ Right ☐ Left
☐ Cerebrospinal Fluid		☐ Urine Catheterized	☐ Wang Needle Aspirate	Specify site:
☐ Pleural Fluid	☐ Right ☐ Left	☐ Sputum	☐ Thyroid	☐ Right ☐ Left ☐ Isthmus
☐ Bronchial Washing	☐ Right ☐ Left	☐ Bladder Washing	☐ Lymph node	Specify site:
☐ Bronchial Lavage	☐ Right ☐ Left	☐ Esophageal brushing	☐ Salivary Gland	Specify site:
☐ Bronchial Brushing	☐ Right ☐ Left	☐ Cyst Fluid, Source:	☐ Skin/Subcutaneous	Specify site:
☐ Renal Pelvic Fluid/Washing	☐ Right ☐ Left	☐ Other (Specify):	☐ Other (Specify):	
☐ Nipple Secretion	☐ Right ☐ Left			

Gynecological Collection (information mandatory for PAP and GYN Biopsy)		☐ **Pap Test 1230097** (Type, source, reflex, and gyn collection required)
LMP	Menopause (yrs)	☐ Screening ☐ Diagnostic
Previous Pap (date)	Hyst-subtotal (has cervix)	Source: ☐ Cervix ☐ Vaginal
Abnormal Pap (date)	Hyst-total (cervix removed)	HPV Reflex? ☐ No HPV ☐ Yes, Co-testing (30-64yo) ☐ Yes, Reflex
Pregnant (# of wks)	Hormone Therapy ☐ Yes ☐ No	☐ LAB263 HPV Regardless (PAP also ordered)
Post-partum (# of wks)	Specify:	☐ HPV ONLY (**No** Pap Test)

STD Testing

Specimen Type: ☐ First Void Urine ☐ Genital Swab (Source) ☐ Other (Specify):

1230890 ☐ STI Panel (CT, NG, Mgen, Trich)	1230885 ☐ Chlamydia/Gonococcus PCR	1230888 ☐ Trichomonas (Trich) PCR
1230889 ☐ Mycoplasma Genitalium (Mgen) PCR	1230886 ☐ Chlamydia (CT) PCR	1230887 ☐ Gonococcus (GC) PCR

Tissue Pathology

No abbreviations. Source, specimen, and site information required**

☐ Tissue Pathology [LAB8]	*Routine gross and/or Microscopic exam*	**A** ☐ Fresh-No Preservative ☐ Preservative:
☐ Intraoperative Consultation [LAB8]***	*Intraop gross and microscopic eval*	
☐ Frozen Section		**B** ☐ Fresh-No Preservative ☐ Preservative:
☐ Lymph Node Protocol	*Eval of lymph node/mass to dx lymphoma*	
☐ Sentinel Lymph Node Touch Imprint	*Eval of for suspected metastatic disease*	**C** ☐ Fresh-No Preservative ☐ Preservative:
☐ Gross Examination	*By pathologist*	
☐ Muscle Biopsy [LAB1230451]	*Review Lab Catalog*	**D** ☐ Fresh-No Preservative ☐ Preservative:
☐ Cutaneous IF, Biopsy [LAB1230025]	*Review Lab Catalog*	
☐ Sural Nerve Biopsy [LAB848]	*May aid in dx of peripheral neuropathies*	**E** ☐ Fresh-No Preservative ☐ Preservative:

Culture Source, Site, Date and Time of Collection	LAB# ✓ Culture & Sensitivities Test	LAB# ✓ Culture & Sensitivities Test
1	233 ☐ Anaerobic Culture 8770 ☐ AFB Culture with Smear 2111016 ☐ Body Fluid Culture	240 ☐ Fungal Culture w/Fungal Stain 2111173 ☐ Tissue Culture w/gram stain 2111191 ☐ Wound Culture w/gram stain
2	233 ☐ Anaerobic Culture 8770 ☐ AFB Culture with Smear 2111016 ☐ Body Fluid Culture	240 ☐ Fungal Culture w/Fungal Stain 2111173 ☐ Tissue Culture w/gram stain 2111191 ☐ Wound Culture w/gram stain
3	233 ☐ Anaerobic Culture 8770 ☐ AFB Culture with Smear 2111016 ☐ Body Fluid Culture	240 ☐ Fungal Culture w/Fungal Stain 2111173 ☐ Tissue Culture w/gram stain 2111191 ☐ Wound Culture w/gram stain

Dermatopathology

	Site	Location	Check	Clinical Dx/Prior Pathology	Clinical Description of Lesion(s)	Lesion(s) Size
A		☐ Left ☐ Right	☐Excision ☐Shave ☐Punch ☐Curette ☐Biopsy ☐Re-excision			
B		☐ Left ☐ Right	☐Excision ☐Shave ☐Punch ☐Curette ☐Biopsy ☐Re-excision			

Not all tests are listed, please review corewellhealth.testcatalog.org for all tests, codes, panel and reflex information, collection instructions and clinical information.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.