Corewell Health Laboratories Anatomic Pathology (AP) & Cytology Requisition

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

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Corewell	Health

Reference Laboratory West 35 Michigan St Submitter and Provider II			616-774-7721 0		nformation **REQUIRED	
Epic ID** Institution or Epic Submitter Name**	mormutaer REQ	MCD	Last Name**	r delene ii	First Name**	MI**
Phone**	Fax**		Sex**	Date of Birth (Do	OB)** Phone	SSN
Address	City	ST Zip	Patient Addr	ess**	City**	State** Zip**

Authorizing Provider Name and NPI (printed)**		Fax # if different			sheet if Corewell Health is bill Patient Self-Pay (Patient Bill)	ing patient directly
			☐ Institutiona	l Guarantor, Claims or O	ther (Lab still pick patient bill)	
Ordering Provider Name and NPI (printed, if differe	ent from above)	Fax # if different	Primary Insu	rance or Guarantor Nan	ne** Policy # or	Guar ID** Group ID
Intraoperative Consult Direct Call Back Name***		Phone Number	Insurance or 0	Guarantor Address		
Additional Reports to Name (CC)		Fax	Insured's nam	26	Insured's DOB Re	elation to Pt
Additional Reports to Name (CC)		I dA	insured 3 nam	ic	madred 3 DOD Re	sidelon to Ft.
Note: Medicare will only pay for tests that meet the	Medicare definition	n of "Medical Necessity". M	ledicare may deny	payment for a test that	the physician believes is appro	priate, such as a
screening test. Be certain the patient has signed th	ne Advanced Benefi	ciary Notice (ABN) CMS-R	131 as needed. Plea	se attach all patient and	l insurance information to this	order.
Provider Signature Required Submitting a speci Signature	imen with this requ	isition form indicates fami		ent with applicable Refe Date**	erence Laboratory Services Pol	icies.
		Order and Collection Info				
Pertinent Clinical Information Required for breast tissue:	and Reason for Ex	amination	Date Co	ollected** Time C	Collected** Collector n	ame and phone
Cold ischemia start time						
Formalin fixation start time Total cold ischemia time				ICD 10 Codes or	Diagnosis **	Priority
Formalin fixation stop time						
Total formalin fixation time ☐ Medical Cytology Fluid Collection	LAB211129	7		□ Fine Needle	Aspirate LAB2111263	
☐ Medical Cytology Fluid Collection ☐ Peritoneal Fluid	LABZIIIZ9	☐ Urine, Voided		□ Fine Needle □ Breast	Right □ Left	
☐ Cerebrospinal Fluid		☐ Urine Catheterized		☐ Wang Needle A		
•	□ Right □ Left	□ Sputum		☐ Thyroid	□ Right □ Left	□ Isthmus
	□ Right □ Left	☐ Bladder Washing		☐ Lymph node	Specify site:	
□ Bronchial Lavage □ Bronchial Brushing	□ Right □ Left	☐ Esophageal brushii☐ Cyst Fluid, Source:	ng	☐ Salivary Gland ☐ Skin/Subcutane	Specify site:	
<u>.</u>	☐ Right ☐ Left ☐ Right ☐ Left	☐ Other (Specify):		☐ Other (Specify):		
	□ Right □ Left			(-		
Gynecological Collection (informatio	n mandatory f	or PAP and GYN Bio	psy)	☐ Pap Test LAB	1230097	
LMP		pause (yrs)			eening 🛮 Diagnostic	
Previous Pap (date)		subtotal (has cervix)			rvix 🗆 Vaginal	
Abnormal Pap (date) Pregnant (# of wks)		otal (cervix removed) one Therapy	☐ Yes ☐ No		HPV Yes, Co-testing (30 V High Risk Screen w/h	
Post-partum (# of wks)		ecify:	Li res Li No		lex	ir v deriotype
		STI Te	sting	1101	TEX	
Specimen Type: ☐ First Void Urine	☐ Genital Sv	wab Source:		☐ Other (Specify	y):	
1230890	1231782 C	CT/GC/TV PCR	1230885	□ CT/GC PCR	1230886 □ Chlamyd	lia (CT) PCR
1230887 Gonococcus (GC) PCR		lycoplasma Genitali	um (MG) PCR	1230888	☐Trichomonas (TV) PC	
		Tissue Pa				
□ Tissue Pathology [LAB8]		eviations. Source, specime d/or Microscopic exam		ation requirea** Preservative □ Prese	ervative.	
		•	AL Fresh No i	reservative Errese	Si vacivo.	
□ Intraoperative Consultation [LAB8]***	intraop gross and	d microscopic eval	B C Cooole No.	Preservative □ Prese		
☐ Frozen Section			B LI Fresh-No F	Preservative Li Prese	ervative.	
☐ Lymph Node Protocol		de/mass to dx lymphoma			<u> </u>	
☐ Sentinel Lymph Node Touch Imprint	Eval of for suspec	cted metastatic disease	C □ Fresh-No F	Preservative Prese	ervative:	
☐ Gross Examination	By pathologist					
☐ Muscle Biopsy [LAB1230451]	Review Lab Cata	log	D ☐ Fresh-No F	Preservative □ Prese	ervative:	
□ Cutaneous IF, Biopsy [LAB1230025]	Review Lab Cata	log				
□ Sural Nerve Biopsy [LAB848]	May aid in dx of p	peripheral neuropathies	E □ Fresh-No F	Preservative □ Prese	ervative:	
Culture Source, Site, Date and T	ime of Collectio	n		re & Sensitivities Test		
1				erobic Culture Culture with Smear	240 🗆 Fungal Cultu	
				/ Fluid Culture	2111173 ☐ Tissue Cultu 2111191 ☐ Wound Cult	
2				erobic Culture	240 🗆 Fungal Cultu	
				Culture with Smear	2111173 🗆 Tissue Cultu	~.
3				/ Fluid Culture Probic Culture	2111191 🗆 Wound Cult 240 🗆 Fungal Culti	
<u> </u>				Culture with Smear	2111173 🗆 Tissue Cultu	
			2111016 🗆 Body	/ Fluid Culture	2111191 🗆 Wound Cult	
Site Location	Che	Dermatop	clinical Dx/Prior F	Pathology CI:	nical Description of Lesion(s)	Lesion(s) Size
	Excision □Shave		Cillical DX/PHOLE	- atriology CIII	incar Description of Lesion(S)	resion(2) 2156
□ Right □	Curette □Biopsy					
	Excision □Shave					
L RIGHT L	lCurette □Biopsy	PVC-EYCIPIOLI				