



Saint Francis Regional Laboratory
 211 Saint Francis Drive, Cape Girardeau MO 63703
 Phone: (573) 331-5212 Fax: (573) 334-7036

Pathology/Cytology Requisition 2016.08.09

SFMC MRN:	SFRL Account #:
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Office Name: _____
 Address: _____
 City/Zip Code: _____
 Phone: _____ Fax: _____

Requesting Provider:
 First and Last Name are Required

Specimens Received:

Collected Date: ___/___/___ Time: _____ AM PM

By: _____

Please provide all available information

Pathology Label

Patient Demographic Information

Patient Name (Last)		(First)		(Middle)		Date of Birth		Gender M F	
Physical Address						City		State	Zip
Patient's Phone Number ()		Marital Status		Social Security Number		Employer			

Guarantor Information (required for all minors)

Guarantor Last Name, First Name			Date of Birth		SSN		Relationship to patient		
Mailing Address						City		State	Zip

Billing Information (include copy of insurance cards with front and back, if available)

Check One: Bill Patient/Self Pay Bill Third Party/Insurance (provide information below)

#1 Payor & Plan			#2 Payor & Plan		
Subscriber Last Name, First Name			Subscriber Last Name, First Name		
Subscriber DOB		Relationship to patient	Subscriber DOB		Relationship to patient
ID		Group	ID		Group

Diagnosis Information (ICD-10)

#1	#2	#3	#4
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Clinical Diagnosis & History

Known Malignancy?

Previous Surgery?

CYTOTOLOGY

<input type="checkbox"/> Sputum	<input type="checkbox"/> Pleural Fluid	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Cerebrospinal Fluid
<input type="checkbox"/> Bronchial Washing <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Breast Cyst Aspiration	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Other
<input type="checkbox"/> Bronchial Brushing <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Breast Nipple Discharge	<input type="checkbox"/> Left <input type="checkbox"/> Right	
<input type="checkbox"/> Bronchoalveolar Lavage <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Urine/Bladder Washing		

ANATOMIC PATHOLOGY

Tissue Submitted: