



LAB10

AML – HISTOPATHOLOGY REQUEST
800 East 28th Street, Minneapolis, MN 55407
Phone 612-863-4678 • Fax 612-863-4067
HOSPITAL PATHOLOGY ASSOCIATES, P.A.

Case Number

Case Number input field

BILL TO: MUST CHECK ONE CLINIC/FACILITY INSURANCE PATIENT (SELF-PAY)

DATE & TIME COLLECTED		DRAWN BY (AML Staff use Tech # Only)	
SOCIAL SECURITY #		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH DATE
PATIENT NAME (LAST) (FIRST)		(M.I.)	CHART #
PATIENT ADDRESS (STREET)		CITY	
STATE	ZIP	PATIENT PHONE ()	
<input type="checkbox"/> MEDICARE PRIMARY		<input type="checkbox"/> MEDICARE SECONDARY	
MEDICARE NUMBER		SUFFIX	
MEDICAL ASSISTANCE NUMBER		STATE	
POLICY HOLDER		POLICY HOLDER DATE OF BIRTH	
MEMBER/POLICY #	GROUP #	CLINIC #	
RELATIONSHIP OF PATIENT TO INSURED <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT		INSURANCE CO. NAME	

INSURANCE

Gross and Microscopic Testing will always be ordered/performed on appropriate specimens for all samples submitted with this requisition.

Collection: Date _____ Time _____

SPECIMEN: (Identify: include source/site)

OTHER SPECIAL INSTRUCTIONS

For specimens other than Gross and Microscopic, you must specify:

- CORRELATE BIOPSY WITH PAP SMEARS
- FROZEN SPECIMEN
- FUNGAL STAIN
- OTHER _____

CLINICAL INFORMATION (REASON FOR BIOPSY) AND PREVIOUS TISSUE OR CYTOLOGY DIAGNOSIS

PHYSICIAN SIGNATURE

IMMEDIATE RESULTS

REFERRING PHYSICIAN

First stage completed by _____ Second stage completed by _____

Affix
Summary Label
Here

Abbott Northwestern Hospital 612-863-4670 Fax 612-863-8375
Unity Hospital 763-236-4810 Fax 763-236-4830

United Hospital 651-241-8714 Fax 651-241-7273
Mercy Hospital 763-236-8154 Fax 763-236-8150