

Test Requisition Form

A. ONCOLOGIST/ORDERING PHYSICIAN – please complete section A

Patient Information:

Last name: _____ First: _____ MI: _____ Address: _____

 DOB (mm/dd/yy): _____ Female Male City: _____ State: _____ Zip: _____

SSN: _____ Phone: _____

Billing Information:

ICD-9 Code: _____

Bill the following:

- Private insurance
- Medicare (COMPLETE BOX, RIGHT)
- Medicaid
- Sending facility
- Patient self-pay: Check (US only) or credit card (COMPLETE BOX BELOW):

Medicare Only*

At the time of specimen collection:

- Hospital inpatient
- Hospital outpatient
- Non-hospital outpatient

Attach a copy of front and back of patient insurance card and face sheet, or complete:

Member ID#: _____

 Relationship to insured: Self Spouse Dependent Other

Name of insured: Last: _____ First: _____

Primary insurance carrier: _____ Phone: _____

City: _____ State: _____ Zip: _____

Referral/authorization #: _____

 Type of card: Visa Mastercard Amex

Credit card number: _____

CW2 number: _____ Expiration date: _____

Name on credit card: _____

Billing address: _____

City: _____ State: _____ Zip: _____

*Medicare specimens ordered at least 14 days after collection or patient discharge (whichever is later) will be billed directly to Medicare. Otherwise, Pathwork Diagnostics is required to bill the sending facility.

If you would like to bill secondary insurance, you must attach a copy of front and back of the secondary insurance card.

Oncologist/Ordering Physician Information:

Physician: _____

NPI #: _____

Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email address: _____

Required Signature of Oncologist/Ordering Physician:

 X

 Name

Print Name: _____ Date: _____

To be medically necessary, diagnostic laboratory tests must be ordered by a treating physician who provides a consultation or treats a patient for a specific medical problem and who uses the findings in the management of the patient. If the ordering physician is not the treating physician, the ordering physician confirms by signing this form that the treating physician has ordered the Pathwork Tissue of Origin Test.

B. PATHOLOGIST – please complete section B

Account information:

Pathologist: _____

Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email address: _____

Specimen information:

 Pathology report is attached

Biopsy site: _____

Date of surgery/specimen collection: _____

Date of discharge (or date of outpatient encounter): _____

Date of specimen removal from storage: _____

Name of sending hospital/facility: _____

Specimen type (check one):

 Formalin-fixed, paraffin-embedded block* **PREFERRED**

of blocks: _____ ID #: _____

 Unstained slides from FFPE block (at least 5)

of unstained slides: _____ ID #: _____

 *IN AN EFFORT TO PRODUCE A TEST RESULT, DOES PATHWORK DIAGNOSTICS HAVE PERMISSION TO EXHAUST THE SPECIMEN? Yes No Initials: _____

For internal use only

Affix PWDL label

Date: _____ Initials: _____

Test Requisition Form Instructions and Specimen Requirements

Complete a Test Requisition Form for each specimen, using a black or blue ballpoint pen. Please print.

A. ONCOLOGIST/ORDERING PHYSICIAN

Patient information

Complete all lines. Some lines require more than one piece of information.

Billing information

1. Enter ICD-9 code to the highest specificity available (at least 4 digits).

2. Select method of payment. If the patient is a Medicare patient, select the type of Medicare patient within the green box.

3. If the patient self-pays, payment is required for processing. Payment forms include check (US only) or credit card. For credit card payment, complete all information within the green box (type of card, card number, CW2 number--the 3-digit number on the back of the card, expiration date, cardholder name and address). No further billing information is required.

4. If the patient is privately insured, Medicare, or Medicaid, please include a copy of the front and back of the patient's insurance card and a face sheet. If the patient wishes to bill secondary insurance, send a copy of the front and back of the secondary insurance card as well. If these are included, no further billing information is required. If not, please complete all other fields in the right column of the **Billing information** section.

Order information

1. Enter physician's name and NPI number.

2. Enter physician's facility, complete address, phone number and fax number.

3. Enter physician's email address.

4. Physician or his/her authorized representative must sign the test requisition form. Print the physician's name and date clearly.

B. PATHOLOGIST

Account information

1. Enter submitting physician's name.

2. Enter submitting physician's facility, complete address, phone number and fax number.

3. Enter submitting physician's email address.

Clinical information

1. Attach a pathology report and check the box.

2. Include the biopsy site.

3. Indicate the date of surgery/specimen collection and the date of patient discharge (or outpatient encounter).

4. Indicate the date of specimen removal from storage.

5. Indicate the sending hospital/facility.

Specimen type

1. The preferred specimen type is a paraffin block. Enter the number of paraffin blocks and the corresponding ID number.

2. If sending unstained slides from a paraffin block, enter the number of unstained slides and the ID number.

3. Indicate whether or not Pathwork Diagnostics has permission to exhaust the paraffin block if necessary, and initial.

SPECIMEN REQUIREMENTS

FFPE Block:

Send a block containing at least 1 mm² of **TUMOR** tissue by area.
Include an H&E stained slide if possible.

OR

Unstained Slides (USS):

Send unstained slides of at least 5 µm-thickness
(10 µm-thickness preferred) that contain no less than 1 mm² of
TUMOR tissue.

- For tumor areas < 5 mm² – send at least **8 USS**
- For tumor areas ≥ 5 mm² – send at least **5 USS**

Acceptable specimen types:

- An FFPE block of solid tissue
- FFPE cell buttons from fine needle aspirates (FNA), including bone marrow aspirates
- FFPE cell buttons from malignant effusions
- FFPE core needle biopsies
- Unstained slides from any of the above

Unacceptable specimen types:

- Tissue that has been decalcified
- Any unfixed tissues or fluids
- Wet or frozen tissue, or tissue that has been previously frozen
- Tissue pre-embedded in agar
- Blood or urine

For all specimen types, please ensure that:

- Tissue does not sit on bench for more than 1 hour before fixation
- Tissue is fixed in phosphate buffered formalin for between 6 and 24 hours



Specimen processing cannot proceed without:

- Signature of oncologist/ordering physician**
- Positive identification between the specimen and the requisition form**
- Billing information**

Please contact Customer Service for information regarding financial aid for the patient.