

FOR LAB USE ONLY:

Time:_

Accession#_

Receiving Date:_

REQUISITION FORM

214-10 24th Ave Bayside, NY 11360 TEL: (718) 663-2118

Note:

1443 NE 4th Ave Fort Lauderdale, FL 33304 FAX: (888) 377-1244

NovinoPath Diagnostics

Pathology

PART A: Patient Information - Required		PART B: Provider Information - Required	
Patient Name:		Provider:	
Date of Birth	Gender MF	Address:	
Address:		City	State Zip Code
CityState	Zip Code		_
Social Security:I	EMR#	Phone:	Fax:
Specimen collection date:		NPI#	Signature
Send Duplicate Report to: Name Address/Fax			
PART C: Indications/Clinical History:			
ICD-10 Code (Required): 1)	2)	3)	4)
PART D: Insurance Billing Information: Send Bill to: Patient: Insurance:			
Name of Primary Insurance CO		Insured ID	Group #
Relationship to Insured Self	□ Spouse □	Child □ Other	
Insured's Name			
Please Attach: 1) A copy of the <u>fror</u>	nt/back of patient's insu	<u>ırance card(</u> s) or 2) Printou	t patient demographics and insurance
	informatio	n from your EHR	
	informatio	n from your EHR	
PART E: Biopsy Specimen Inf		-	
PART E: Biopsy Specimen Inf	ormation:	No. of Container(s):	
A:	formation:	No. of Container(s):	
	formation:	No. of Container(s):	
A:	ormation: D:	No. of Container(s):	
A:	formation: D: E: F:	No. of Container(s):	
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A:	formation: D: E: F: Information: H Feulge sistance Panel by PCR _	# of Container(s): # of Container(s): en Stain IHC(Please submit in the submit in	NOTE:# of slides:
A:	Formation: D: E: F: Information: H Feulge sistance Panel by PCR _ Instrument:	# of Container(s): # of Container(s): en Stain IHC(Please submit i	# of slides: Stain (CK17) n sterile urine container or Cytolyte)
A:	Formation: D: F: Information: H Feulge sistance Panel by PCR Instrument: Site B:	# of Container(s): # of Container(s): en Stain IHC(Please submit in	# of slides: Stain (CK17) n sterile urine container or Cytolyte)
A:	F:F:Feulge sistance Panel by PCR _ Instrument:Site B: e and make additional pare	# of Container(s): # of Container(s): en Stain IHC(Please submit in the container in the co	MOTE: # of slides: Stain (CK17) n sterile urine container or Cytolyte)
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A:	Formation: D: E: F: Information: H Feulge sistance Panel by PCR Instrument: Site B: e and make additional paraget in Cytolyte)	# of Container(s): # of Container(s): en Stain IHC(Please submit in Site C: esses to put in Cytolyte) Cystic:	MOTE: # of slides: Stain (CK17) In sterile urine container or Cytolyte) Solid: