DREXEL UNIVERSITY
COLLEGE OF MEDICINE

In the Tradition of Woman's Medical College of Pennsylvania and Hahnemann Medical College™

Pathology Requisition

245 N. 15th Street, NCB 5th Floor Room: 5138, Mail Stop: 435, Philadelphia, PA 19102, Tel: 215-762-7119, Fax: 215-762-3801, website: http://pdl.drexelmed.edu

Drexel University College of Medicine
Pathology Diagnostics Laboratory
245 N. 15th Street
5th Floor, Rm#: 5130
Center City Hahnemann Campus
Philadelphia, PA 19102
Phone: (215) 762-7119
Fax: (215) 762-3978

Physician Information

COLLECTION DATE: ___/___/_____ COLLECTION TIME:_____

SUBMITTING PHYSICIAN/UPIN

Name: _____

Address: _____

Phone: _____

Fax: _____

REFERRING PHYSICIAN

Name: _____

Address: _____

Phone: _____

Fax: _____

Patient Information

_____/_____ _____
Patient Soc Sec No / Medical Records # D.O.B.

_____
PATIENT LAST NAME FIRST NAME MIDDLE

_____
STREET ADDRESS

_____
CITY STATE ZIP

GENDER: ☐M ☐F PATIENT PHONE #:_____

Please provide the current ICD-9 code(s) ICD9 Code(s)_____ (REQUIRED) Person sending specimen:_____

BILL TO: ☐ MEDICARE # _____ ☐ MEDICAD # _____ ☐ SELF PAY (Patient)

_____ _____ _____ _____ _____
INSURANCE COMPANY/HMO NAME STATE NAME OF EMPLOYER POLICY NUMBER GROUP NUMBER

_____ _____
INSURANCE COMPANY STREET ADDRESS EMPLOYER ADDRESS, CITY, STATE, ZIP

_____ PATIENT'S RELATIONSHIP TO INSURED ☐ SPOUSE ☐ CHILD ☐ OTHER : _____
NAME OF INSURED *(if other than patient)* SPECIFY

SECONDARY INSURANCE ATTACHED ☐

Clinical Data / Previous Therapy / Pre-Operative and/or Post-Operative Diagnosis

_____

_____

_____

Specimen

SPECIMEN DESIGNATION	Right Side	Left Side	ANATOMICAL LOCATION	SURGICAL PROCEDURE	PARTIAL	COMPLETE

PATIENT CONSENT FOR REVIEW OF OUTSIDE REPORTS/SLIDES/ TISSUE

_____
Patient Name and Signature

Request transfer of outside material to:
☐ Pathology slides and report
☐ Paraffin blocks
☐ Other_____

PDL CONTACTS:
Pathology Client Services: 215-762-7119
Secretary: 215-762-4221
Laboratory: 215-762-8952

Physician:_____
Date of scheduled surgery:_____

Slides to be sent from:_____
_____
_____
_____