

Surgical Pathology Test Requisition Form

Ordering Physician/Laboratory

(Required: Include the ordering physician's first & last name, NPI, practice name, complete address, phone number and fax number.)

Physician to receive additional result report:

Physician's Signature:

Date:

ICD10 Codes

ICD10 codes (required):

Patient Information (Please Print)

Name (Last, First) (Required):

In Care of:

Patient Address:

City:

State:

Zip:

Assigned Sex at Birth (Required):

☐ Female ☐ Male

Date of Birth (Required):

Patient ID#:

Phone Number:

☐ Cell Phone

☐ Home Phone

Race: ☐ Alaska Native or American Indian ☐ Asian ☐ Black or African American

☐ Multiracial ☐ Native Hawaiian or other Pacific Islander

☐ Other race ☐ White ☐ Does not wish to disclose ☐ Not provided

Ethnicity: ☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Unknown

Gender Identity: ☐ Male ☐ Female ☐ Gender nonconforming ☐ Transgender male-to-female

☐ Transgender female-to-male ☐ Does not wish to disclose ☐ Not provided ☐ Not applicable

Sexual Orientation: ☐ Bisexual ☐ Straight ☐ Gay or Lesbian ☐ Something else ☐ Does not wish to disclose

☐ Not provided ☐ Not applicable

Billing Information (Please include a copy of the front & back of card.)

Billing Type: ☐ Patient ☐ Insurance ☐ Client ☐ Relation (Required): ☐ Self ☐ Spouse ☐ Dependant

Insured's Name (if not patient):

Insured's SS#:

Insured's DOB:

Primary Insurance Carrier:

Medicare, Medicaid or Policy ID#:

Claims Address:

Employer/Group Name:

Group#:

Specimen Information

Date Collected (Required):

Number of specimen vials submitted:

	Site	Location	Procedure
A	<input type="checkbox"/> Cervical <input type="checkbox"/> Labial <input type="checkbox"/> Other (specify): <input type="checkbox"/> Endocervical <input type="checkbox"/> POC <input type="checkbox"/> Endometrial <input type="checkbox"/> Vaginal <input type="checkbox"/> IUD <input type="checkbox"/> Vulvar		<input type="checkbox"/> Biopsy <input type="checkbox"/> Other (specify): <input type="checkbox"/> Cone <input type="checkbox"/> Curetting <input type="checkbox"/> LEEP
B	<input type="checkbox"/> Cervical <input type="checkbox"/> Labial <input type="checkbox"/> Other (specify): <input type="checkbox"/> Endocervical <input type="checkbox"/> POC <input type="checkbox"/> Endometrial <input type="checkbox"/> Vaginal <input type="checkbox"/> IUD <input type="checkbox"/> Vulvar		<input type="checkbox"/> Biopsy <input type="checkbox"/> Other (specify): <input type="checkbox"/> Cone <input type="checkbox"/> Curetting <input type="checkbox"/> LEEP
C	<input type="checkbox"/> Cervical <input type="checkbox"/> Labial <input type="checkbox"/> Other (specify): <input type="checkbox"/> Endocervical <input type="checkbox"/> POC <input type="checkbox"/> Endometrial <input type="checkbox"/> Vaginal <input type="checkbox"/> IUD <input type="checkbox"/> Vulvar		<input type="checkbox"/> Biopsy <input type="checkbox"/> Other (specify): <input type="checkbox"/> Cone <input type="checkbox"/> Curetting <input type="checkbox"/> LEEP
D	<input type="checkbox"/> Cervical <input type="checkbox"/> Labial <input type="checkbox"/> Other (specify): <input type="checkbox"/> Endocervical <input type="checkbox"/> POC <input type="checkbox"/> Endometrial <input type="checkbox"/> Vaginal <input type="checkbox"/> IUD <input type="checkbox"/> Vulvar		<input type="checkbox"/> Biopsy <input type="checkbox"/> Other (specify): <input type="checkbox"/> Cone <input type="checkbox"/> Curetting <input type="checkbox"/> LEEP
E	<input type="checkbox"/> Cervical <input type="checkbox"/> Labial <input type="checkbox"/> Other (specify): <input type="checkbox"/> Endocervical <input type="checkbox"/> POC <input type="checkbox"/> Endometrial <input type="checkbox"/> Vaginal <input type="checkbox"/> IUD <input type="checkbox"/> Vulvar		<input type="checkbox"/> Biopsy <input type="checkbox"/> Other (specify): <input type="checkbox"/> Cone <input type="checkbox"/> Curetting <input type="checkbox"/> LEEP

List below clinical information, surgical findings and previous malignancy:

Testing

1401 ☒ Biopsy (H&E Stain)

Medical Necessity Guidelines:

Physicians must only order tests that they have determined are medically necessary for the diagnosis and treatment of a patient. MDL offers individual tests, as well as a limited number of customized panels. MDL provides practitioners with the flexibility to choose appropriate individual tests for each specimen to assure that the convenience of ordering panels does not impede them from ordering tests/panels that are medically necessary. All tests listed in panels may be ordered individually using this test requisition form. If you choose to order a panel, please make certain that each and every test is medically necessary. If you check off a panel as your choice, MDL understands that the physician has determined that all of the component tests are medically necessary, and will perform, report and bill for all such component tests.

Specimen Collection Platform	TAT*	Stability	Test Additions*
Biopsies	7 - 10 days	7 days	30 days to add tests

* Up to 72 hours with reflex/antibiotic resistance testing

* Pending QC review for sufficient specimen volume

- Collect specimen and insert into the formalin vial.
- The following times must be documented on the test requisition form:
 - Time of specimen removal from patient
 - Time when specimen was placed into formalin

Specimen Packaging:

1. Label every vial with a minimum of 2 patient identifiers including the patient's name and date of birth. Be sure the name on the vial is written exactly the same way as on the test requisition form.
2. Place the vial into the Styrofoam/Cardboard container. You can fit up to 3 vials in one container.
3. Place the Styrofoam/Cardboard container into the central pocket of a biohazard bag containing absorbent material.
4. Place a completed test requisition form for each vial in the front pocket of the biohazard bag.
5. Place the biohazard bag into the prepaid Lab pack Envelope that has a preaddressed airbill attached. One envelope will accommodate 6-7 containers. Package as many containers in one Labpack as possible.
6. Be sure to seal the Lab pack by removing the plastic from the top of the adhesive

Specimen Pick-up:

- If you have a specimen pick-up for a local courier in the NJ, PA, DE, D.C., MD, VA, KS, MO or Phoenix, AZ area, please call (877) 205-0005 no later than 2 hours prior to the closing of your facility.
- If you have a specimen pick-up, please call your sales representative or MDL customer service at 877.269.0090 no later than 2 hours prior to the closing of your facility.

Helpful Hints Checklist

Please review these helpful hints to reduce specimen discrepancies and enhance turnaround time.

Verify Patient Name - did you:

- ✓ attach the correct demographics sheet?
- ✓ write the patient's name on the requisition form?

Patient Name Matches on Vial & Requisition Form- did you:

- ✓ make sure names on vial and requisition form match?
- ✓ list the patient's married or maiden name?
- ✓ list a nickname by mistake?

Verify Date of Collection- did you:

- ✓ write the correct year?
- ✓ write the correct month?
- ✓ list the date of birth instead?

Verify Tests- did you:

- ✓ clearly mark each box?
- ✓ order tests appropriate for the specimen type?

No Tests Ordered- did you:

- ✓ mark the boxes for the tests/panels ordered?

Supply Orders:

Easily place supply orders online by visiting our website:



<http://www.mdlab.com/physicians/supplies/#>

Supply orders may also be placed by contacting our Client Services department toll free 877.269.0090 or by fax 609.570.1050. Supply requests are processed and shipped on a daily basis. Please allow 3 to 5 business days for delivery, depending upon your location.

MDL Contact Information



GBS Hotline

24 hours - 7 days a week
Group B Strep & HSV results only

877.MDL.GBS7
877.635.4277

Quality Control Department For Technical Assistance

877.269.0090 609.245.7665

Client Services General Questions, Results

877.269.0090 609.570.1050

Client Services Billing Questions

877.333.9233 609.245.7683