



Request for SaraPath Diagnostics Pathology Services SMH NAPRC/Rectal Cancer

SaraPath Internal Use Only
Processed By: _____
Date Consult Requested: _____

Submit Request Form: by clicking the submit button below, or by faxing this form to (941) 362-8944; Call (941) 362-8917 if there are any questions

REQUESTOR TO COMPLETE 1 - 4

1. PATHOLOGY SERVICES REQUESTED

Pathology Consult Initial Pathology Interpretation

Other, please specify _____

**** MUST PROVIDE INITIAL PATHOLOGY REPORT WITH REQUEST FOR CONSULT ****

2. PATIENT INFORMATION

Patient Name (Last Name, First, M.I.)	Patient Sex Male Female	Patient Date of Birth (MM/DD/YYYY)	For Reporting Pathology Results to SMH: SMH Encounter/Visit #: _____ SMH Medical Record # _____
Patient Street Address	_____	Patient Social Security Number _____	
Patient City, State, Zip Code	Patient Home Phone Number: _____	Patient Cell Phone Number _____	

3. ORDERING PHYSICIAN INFORMATION

Ordering Provider's Name: _____	Office Contact Name and Phone Number: _____	Office Fax Number: _____	Instructions and Other Information: _____
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4. ORDERING PROVIDER AUTHORIZATION AND SIGNATURE

The ordering provider hereby authorizes the order for the pathology services and acknowledges that the patient and /or the patient's insurance plan are responsible for payment for the services ordered, including a FedEx or UPS transport fee if the patient's slides or blocks for the consult need to be obtained by SaraPath from a custodial facility:

Ordering Provider Signature _____	Ordering Provider Name _____	Order Date _____
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SARAPATH / CUSTODIAL FACILITY TO COMPLETE

PATIENT MATERIALS REQUESTED FROM CUSTODIAL FACILITY

ORIGINAL DATE OF SERVICE: _____	ORIGINAL DATE OF SERVICE: _____	ORIGINAL DATE OF SERVICE: _____
ORIGINAL PATHOLOGY CASE #: _____	ORIGINAL PATHOLOGY CASE #: _____	ORIGINAL PATHOLOGY CASE #: _____
ORIGINAL SLIDES #: _____	ORIGINAL SLIDES #: _____	ORIGINAL SLIDES #: _____
BLOCKS #: _____	BLOCKS #: _____	BLOCKS #: _____
RECUTS #: _____	RECUTS #: _____	RECUTS #: _____

PLEASE PROVIDE COPY OF PATIENT'S BILLING AND INSURANCE INFORMATION (FACE SHEET)

SARAPATH PREPARED MATERIALS

SLIDES: _____	SLIDES: _____	SLIDES: _____
SARAPATH CASE: _____	SARAPATH CASE: _____	SARAPATH CASE: _____
OTHER INFO: _____	OTHER INFO: _____	OTHER INFO: _____

CUSTODIAL FACILITY AND SHIPPING INFO

Name of Custodial Facility: _____	Facility Contact Name and Phone #: _____	Delivery Method - List FedEx # or SaraPath Courier: _____
Address of Custodial Facility: _____	Other Info: _____	Date To Be Delivered: Other: _____