

Wake Forest University Baptist Medical Center

Medical Center Boulevard
 Winston-Salem, NC 27157
 (336) 716-2628 (Anatomic Pathology)
 (336) 806-9627 (Pathologist On Call Pager)
 (336) 716-7595 (FAX)
 http://www.wfubmc.edu/pathology/requestforms.htm

Client:

Clinic/Group Name:	
Address:	
City, State, ZIP:	
Fax:	Phone:
Technician:	Email:
WFUBMC CASE #	Date Rec'd:

ANATOMIC PATHOLOGY REQUEST FORM

PATIENT INFORMATION				
Name:	<i>Last Name</i>	<i>First Name</i>	<i>Middle</i>	<i>Maiden</i> <i>Mother's First Name</i>
DOB:	SSN:	Marital Status:	Race:	Sex: M F
Address:		City:	State:	ZIP:
Telephone:	Employer:	Employer's Tel:		

BILLING AND INSURANCE INFORMATION					
Bill To :	Primary Insurance:	Medicare	Medicaid	Any Other Insurance	<i>(*Check box(es) & provide insurance details below)</i>
	Secondary Insurance:	Medicare	Medicaid	Any Other Insurance	
<i>Check ONLY if patient has NO INSURANCE:</i>		Bill Patient (Self-Pay) SPAN = _____ ***		Bill Doctor/Group	
<i>***Call (336) 716-9817 or 713-0164 to get a Self-Pay Authorization Number (SPAN). Without a SPAN, specimen processing may be delayed.</i>					
Complete For All Insurers:	Subscriber Name:			Relationship to pt:	
	Policy/ID Number:				
<i>*Medicare Information:</i>	Hospital Insurance Effective Date:		Medical Insurance Effective Date:		
<i>Check here if signed ABN form** is on file for all Routine Pap Smears</i>					
<i>*Medicaid Information:</i>	Carolina Access Number:		Valid From:	To:	
State Issued If Not North Carolina:					
<i>*All Other Insurance Information:</i>	Name of Company:				
Address For Claims:			Plan Number:		
City/State/ZIP			Effective Date:		

PHYSICIAN INFORMATION			
Requesting MD <i>(please print):</i>		Send copy of report to Primary Care Provider:	Name:
Signature:	Tel:	Fax:	Fax:

COMPLETE FOR ALL SPECIMENS <i>(complete separate forms for surgical and cytology specimens)</i>				
URGENT	Collection Date:	Collection Time:	Patient Location:	INPATIENT OUTPATIENT
Please be sure to provide a contact number, if different from above, to call with URGENT results:				

SURGICAL PATHOLOGY SPECIMENS	
Chief Complaint:	
Other Pertinent Information:	
Preoperative Diagnosis:	
Findings at Operation:	
Tissue Submitted:	

CYTOLOGY SPECIMENS:			
Gynecological Specimens			
Previous Abnormal Pap		LMP:	
Liquid-Based Prep		Conventional Smear	
HPV Screen <i>(HPV screening can be performed on LBP specimens only.)</i>	X Ectocervix	Number of slides: _____	
	Endocervix		
	Vaginal		
	Other .->		
Clinical Findings <i>(**signed ABN must be on file for routine Medicare pap tests):</i>			
X Diagnostic:		X Routine:	
X Abnormal Bleeding	X Hormones		
X Chemotherapy	X Pregnancy		
X Prior Dysplasia/Neoplasia	X Post-Menopause		
X Radiation	X Post-Partum		
Other sites (Non-GYN)			
X Breast	X R	X L	X Urine, Voided
X Bronchial Wash	X R	X L	X Urine, Catheterized
X Peritoneal Effusion			X Other
X Pleural Effusion			X Fine Needle Aspiration
X Sputum	FNA Site:		
Any Other Pertinent Information:			