

REFERRING INSTITUTION

Institution Name: _____ Pathologist: _____
 Pathologist NPI#: _____ Email: _____
 Address: _____ Phone: _____
 City, State, Zip: _____ FAX: _____

PATIENT INFORMATION

Name (Last, first, middle): _____
 Outside MR #: _____
 Gender: _____ DOB (MM/DD/YYYY): _____
 SSN: _____
 Address: _____
 City, State, Zip: _____

MATERIAL SENT FOR CONSULTATION

Copies of all diagnostic reports must be included.

Outside Accession #	Date Collected	# Slides	# Blocks	# Reports	Other

Clinical History

Specialty: Bone-Soft Tissue Cyto ENT Gyn GU Hempath Neurpath Other

BILL TO INFORMATION

Attach demographic sheet

Institution <input type="checkbox"/>	Patient Insurance <input type="checkbox"/>
Referring MD Name:	Name of Insurance:
Referring MD NPI:	Name of Insured:
Billing Contact Name:	Address:
Billing Contact Phone/email:	Policy Number:
	Group Number:
	Insured DOB/SS:

Ship to:
 UAB Surgical Pathology Customer Service NP 3518
 1802 6th Ave S., Birmingham, AL 35233

 Mon-Fri 8 am-5 pm
 Phone: 205-934-4977 Fax: 205-934-7834

FOR LAB USE ONLY

 PLACE ACCESSION LABEL HERE