Portneuf MEDICAL CENTER
777 Hospital Way
Pocatello, ID 83201
Phone: (208)239-1690
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IPL
IDAHO PATHOLOGY LABORATORY
Kristopher McGee, M.D.
Roshan Patel, M.D.
Charles Garrison, M.D
Phone: (208)782-2475
Fax: (208)782-2476

**Physician Information**

Name ______________________ UPIN# ______________ Phone/Fax: ______________

Address: ________________________________________________

**Patient Information**

Name (Last, First, Middle) ______________________ Gender_____ DOB _________ SSN _________

Address: ______________________________ Phone: ______________

**Billing Information** Please attach face sheet or copy of insurance

Bill: ❑ Insurance ❑ Medicare ❑ Medicaid ❑ Patient

Policy/Cert# ________________________________________________

**Clinical Information**

I. Clinical Diagnosis Narrative: ________________________________

**Status** ❑ New diagnosis ❑ Follow up ❑ Residual disease

II. Prior Pathology: ❑ Biopsy ❑ Surgery

III. Clinical History ________________________________________
________________________________________________

**Specimen Information**

Collection or Surgery Date ____________ Time ____________ Initials ____________

In Fixative (Formalin) Date ____________ Time ____________ Initials ____________

| | Specimen Location | Procedure | Post-Operative Diagnosis |
|---|---|---|---|
| A. | ____________ | ____________ | ____________ |
| B. | ____________ | ____________ | ____________ |
| C. | ____________ | ____________ | ____________ |
| D. | ____________ | ____________ | ____________ |
| E. | ____________ | ____________ | ____________ |

Authorized Signature ________________________________

**Supply Request:** Requisition Forms ❑ Formalin Bottles ❑ 20 mL ❑ 80 mL

# SURGICAL PATHOLOGY REQUISITION

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WHITE COPY— PATHOLOGY YELLOW COPY — GROSSING

PINK COPY — ORDERING LOCATION

PATIENT LABEL

**Do Not Place Below This Line.**