Portneuf
MEDICAL CENTER
777 Hospital Way
Pocatello, ID 83201
Phone: (208)239-1690
Fax: (208)239-3721

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

DOC NO LB00077 (08/31/15) AR

WHITE COPY— PATHOLOGY YELLOW COPY — GROSSING

PINK COPY — ORDERING LOCATION

PATIENT LABEL

Do Not Place Below This Line.