THE UNIVERSITY OF CHICAGO MEDICINE

UChicago MedLabs Department of Pathology
5812 South Ellis Avenue
Room J601, MC-6101, Chicago, IL 60637
Phone 773-702-3611 Fax 773-702-4633

UChicago MedLabs

^ ***Place CoPath Label Here*** ^

1. PATIENT INFORMATION – Required

Name _____

DOB _____ Sex F SS# _____

Street _____

City _____ State _____ Zip _____

Phone _____

2. CLIENT INFORMATION - Required

Institution/Group Practice: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

_____ _____

Ordering Physician NPI

3. BILLING CLASSIFICATION: Check only one box. If no box is checked, UChicago MedLabs will bill Client.
Please see Requisition Form Instructions for additional information.

◯ **BILL CLIENT**

Client Account Code: _____

◯ **BILL PATIENT INSURANCE** Complete Section 4
Please check for HMO authorization.

☐ Check here if prior authorization/ referral form is attached. Failure to include may result in coverage denial.

☐ Check here if patient is self-pay and is aware that they will billed for our services. Bills will be sent to the address listed in box 1.

Patient Signature_____

4. PATIENT INSURANCE INFORMATION * * Please attach a copy of the front/back of patient's insurance card(s) * *

_____ _____ _____

Subscriber (if different from patient) DOB Relationship SS#

Primary Insurance Co. _____

_____ _____

Policy Number Group Number

_____

Insurance Company Address

Secondary Insurance Co. _____

_____ _____

Policy Number Group Number

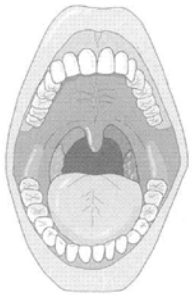
_____

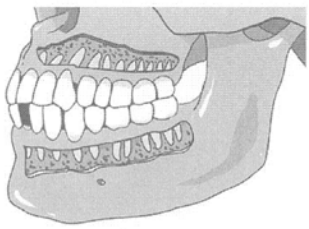
Insurance Company Address

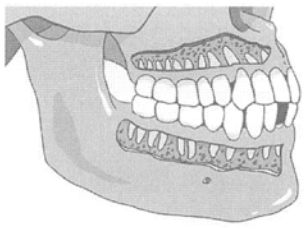
5. SPECIMEN INFORMATION – Required **Diagnosis:** _____ **ICD10#:**_____ _____

Service Date:

6. INDICATE LOCATION OF SPECIMEN







_____ _____ LEFT SIDE _____ RIGHT SIDE

7. PERTINENT CLINICAL HISTORY AND FINDINGS SPECIMEN TYPE

PROCEDURE (NATURE OF OPERATION)_____

CHIEF COMPLAINT AND DURATION OF SYMPTOMS:_____

SIGNIFICANT HISTORY:_____

IS THIS A RECURRENT LESION, TUMOR, OTHER:_____

PRE-OP DIAGNOSIS (BE SPECIFIC):_____

POST-OP DIAGNOSIS:_____

Print Form