Regional Pathology Services

University of Nebraska Medical Center
981180 Nebraska Medical Center
Omaha NE 68198-1180
www.reglab.org

Toll Free 1-800-334-0459
Phone (402) 559-6420
FAX (402) 559-9497

ANATOMIC PATHOLOGY/CYTOLOGY
TEST REQUEST FORM

RPS Use Only

Accession #: _____

SHADED AREAS FOR PATIENT INFORMATION REQUIRED

PATIENT LAST NAME | FIRST NAME | MI

DOB ___/___/___ | GENDER ☐ MALE ☐ FEMALE | PT. ID# / ADDITIONAL INFO

SSN ___-___-___ | BILL TO: ☐ RPS Client Account ☐ Patient Insurance | PT. PHONE ___/___/____

Collection Date ___/___/___ **Collection Time** _____ AM PM

PROVIDER: _____
(First, Last, MI)

EMAIL | PRINT | RESET

PATIENT INSURANCE
ATTACH COPY OF FRONT AND BACK OF INSURANCE CARD AND ATTACH COPY OF FRONT OF DRIVERS LICENSE
IF UNABLE TO OBTAIN COPY OF REQUIRED INFORMATION ALL FIELDS BELOW ARE REQUIRED

GUARANTOR NAME/DOB (REQUIRED IF PATIENT IS A MINOR)

ADDRESS | CITY | STATE | ZIP

PRIMARY INSURANCE

☐ MEDICARE IN-PATIENT ☐ MEDICARE OUT-PATIENT ☐ MEDICAID ☐ INSURANCE

POLICY ID# | **GROUP ID#**

INSURANCE COMPANY | PHONE NUMBER

INSURANCE COMPANY ADDRESS | CITY | STATE | ZIP

EFFECTIVE DATE / /

DIAGNOSIS CODE(S)

ICD-9/10 #1 | ICD-9/10 #2 | ICD-9/10 #3

THE BELOW EIGHT (8) BOXES ARE REQUIRED

ACCOUNT NUMBER **ACCOUNT NAME**
*If you do not know your account number, call Client Services at 402-559-6420.

STREET ADDRES OR PO BOX

CITY **STATE** **ZIP CODE**

PHONE NUMBER **FAX NUMBER**

SECONDARY / TERTIARY INS - ATTACH INFORMATION

NOTICE: WHEN ORDERING TESTS FOR WHICH MEDICARE REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF A PATIENT RATHER THAN FOR SCREENING PURPOSES. **FOR MORE INFORMATION SEE reglab.org/billingcompliance/**

☐ ABN ATTACHED ☐ PRIOR AUTHORIZATION ATTACHED

CYTOLOGY

CERVICOVAGINAL

☐ Liquid-based Pap, screen
☐ Liquid-based Pap, screen, w/ASCUS reflex HPV nucleic acid probe
☐ HPV nucleic acid probe AND Liquid-based Pap, screen
☐ Liquid-based Pap, diagnostic
☐ Liquid-based Pap, diagnostic w/ASCUS reflex HPV nucleic acid probe
☐ HPV nucleic acid probe AND Liquid-based Pap, diagnostic
☐ HPV nucleic acid probe alone, (No PAP ordered, collect in SurePath kit)

Source: ☐ Cervical ☐ Cervical/Vaginal ☐ Vaginal

Date of LMP: ____/____/____

Patient History (check all that apply)

☐ Postmenopausal
☐ Abnormal Bleeding
☐ Depo-Provera
☐ Intrauterine Device
☐ Oral Contraceptives
☐ Previous Dysplasia or Malignancy
☐ Previous GYN Surgery: Specify _____
☐ Pregnant
☐ Postpartum (last 6 weeks)
☐ Prior Chemotherapy
☐ Prior Pelvic Radiation
☐ Hormone Replacement

Previous Abnormal Pap Smear: ☐ Yes ☐ No

Date: ____/____/____ Dx: _____

NON-GYN CYTOLOGY

☐ Urine (voided) ☐ Urine (Cath) ☐ Peritoneal Fluid
☐ Pleural Fluid ☐ CSF ☐ Body Fluid Other ____
☐ FNA Smears/Site: _____

Special Instructions: _____

SURGICAL PATHOLOGY

BIOPSY

☐ Biopsy / source _____
☐ Biopsy / multiple tissues (state source ea specimen)
A _____ B _____
C _____ D _____

☐ Biopsy/Renal (incl: light microscopy, immunofluorescence, & electron microscopy)
☐ Biopsy / Nerve ☐ Biopsy / Muscle

Complete History and Physical Required

CONSULTATION

☐ Consultation: ☐ Slide(s) ☐ Blocks ☐ Tissue (attach copy of surgical report)
Source: _____
Submitters Case# _____

DERMATOPATHOLOGY

☐ Biopsy: source of tissue: _____
☐ Consultation: ☐ Slide(s) ☐ Blocks ☐ Tissue Source: _____
(Please attach copy of surgical pathology report)
☐ Direct Immunofluorescence

BREAST PATHOLOGY

☐ ERA/PRA Immunoperoxidase
☐ DNA Ploidy/Cell Cycle Analysis
☐ HER-2/neu Immunoperoxidase
☐ HER-2/neu FISH only
☐ Add Reflex HER-2/neu FISH
(Please attach copy of surgical pathology report for all FISH requests)

ADDITIONAL INFORMATION

Clinical History: _____
PreOp Dx: _____
PostOp Dx: _____
Procedure: _____
Number Of Specimens Per Container: _____

Specialty Testing Requirements

Clinical Information REQUIRED
Clinical information should be provided. This includes age, gender, clinical diagnosis, clinical history, and previous pathology report

Renal Biopsy

Collect: Tissue.
For light microscopy, submit in 10% buffered formalin. For Immunofluorescence, submit in Zeus fixative. For electron microscopy, submit in 2.5% Millonig's Paraformaldehyde glutaraldehyde fixative.

Collect representative tissue, keeping the tissue wet at all times. Tissue should be handled immediately after excision and submerged in chilled electron microscopy fixative. Avoid crush artifact.
Storage/Transport Temperature: Keep kit refrigerated upon receipt and during transport.

Renal biopsy kits are available that contain fixatives for LM, IF, and EM and include a laboratory requisition form, the lab form requires all necessary patient information and has a detailed protocol for submission of specimens on the back of the form; a pre-paid overnight mailing label, mailing box, refrigerant cool packs, and a biohazard zip-lock transport bag. Request forms and kits from Regional Pathology Services. Please order as needed. The kits have a 3 month shelf life. Material Safety Data are available upon request.

Nerve Biopsy

Collect: Biopsy of nerve tissue.
Specimen Preparation: Fix a segment of tissue in MPG fixative for electron microscopy and a segment of tissue in fomalin for tissue embedding.
Storage/Transport Temperature: Transport fixed with sufficient ice or cool packs to keep the specimen cold but without the chance of freezing.

Muscle Biopsy

Collect:
Muscle tissue for enzyme histochemistry: Send fresh tissue. **If transport to lab > 2 hrs freeze tissue in dry ice.**
Muscle tissue for electron microscopy: Fix tissue immediately in MPG.
Tissue for paraffin embedding: Send separate tissue in formalin.

Storage/Transport Temperature: Transport: Fresh tissue at room temperature. Frozen tissue on dry ice using overnight mailing service. Transport formalin fixed and MPG fixed tissue at room temperature.

Clinical Information REQUIRED: Clinical information should be provided. This includes age, gender, clinical diagnosis, clinical history, neurologic examination, associated diseases, family history, EMG and nerve conduction data, CPK levels, and the site of the muscle biopsy.

Testing Supplies

Regional Pathology Services furnishes specimen-collection supplies for use by clients that send tests to us.

Supplies are ordered online at reglab.org/customer-service/supply-orders/ testing supplies and log-on information may be obtained by calling client services
Toll Free 800-334-0459
Phone 402-559-6420

Courier Services

Regional Pathology Services offers an extensive courier network, which includes contracted land and air courier services. Contracted land specimen pickup is provided at no charge for specimens tested by Regional Pathology Services or our designated reference laboratories.

To inquire about scheduled stops and after hours courier service, call
Client Services Toll Free 800-334-0459
Phone 402-559-6420

If shipping specimens address to:
Regional Pathology Services
University Of Nebraska Medical Center
668 S 41ST ST MSB3500
OMAHA NE 68105-1180

Transport Instructions:
Specimen Handling/Shipping
To ensure the safety of personnel and the community, proper handling of specimens for shipment is mandatory. Specimens will be rejected if submitted improperly. The shipper is responsible for the proper packaging and shipping of all specimens. Shippers must be trained and certified by their employer to be able to prepare and ship packages containing diagnostic specimens, biological substances and infectious substances. Rules of the various agencies involved may differ, and may change regularly. Specimen must have at least two patient identifiers and be packaged in sealed plastic bags to prevent leakage or contamination. Place accompanying paperwork in the bag pocket, away from the specimen. Practice universal blood and body fluid precautions when handling specimens.

For tests that require scheduling or special arrangements prior to specimen collection, refer to the Online Test Menu at **reglab.org** for more information.

Questions?
Contact client services at 800-334-0459.