

RPS Use Only

Accession #: _____

SHADED AREAS FOR PATIENT INFORMATION REQUIRED

PATIENT LAST NAME		FIRST NAME		MI	Collection Date ____/____/____		Collection Time ____	AM PM
DOB	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		PT. ID# / ADDITIONAL INFO		PROVIDER: _____ (First, Last, MI)			
SSN	BILL <input type="checkbox"/> OFFICE/CLIENT <input type="checkbox"/> PATIENT/PATIENT INSURANCE		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 <input type="checkbox"/> MEDICARE IN-PATIENT <input type="checkbox"/> MEDICARE OUT-PATIENT <input type="checkbox"/> MEDICAID <input type="checkbox"/> INSURANCE								
POLICY ID#			GROUP ID#					
INSURANCE COMPANY				PHONE NUMBER				
INSURANCE COMPANY ADDRESS			CITY	STATE	ZIP			
EFFECTIVE DATE / /								
DIAGNOSIS / MEDICAL NECESSITY (ENTER ALL THAT APPLIES)								
ICD-10 #1	ICD-10 #2	ICD-10 #3		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

NOTICE: Additional reference laboratory testing may be required at the discretion of the pathologist to establish or confirm a diagnosis. If additional testing is needed the client or patient may receive an invoice for additional testing from the reference laboratory. Check the box if additional reference laboratory testing is not desired. Please note that a definitive diagnosis may not be possible.

DERMATOPATHOLOGY TESTING

SINGLE OR MULTIPLE SPECIMENS:

- S/P BX A: SOURCE _____
- S/P BX B: SOURCE _____
- S/P BX C: SOURCE _____
- S/P BX D: SOURCE _____
- S/P BX E: SOURCE _____
- S/P BX F: SOURCE _____
- S/P BX G: SOURCE _____
- S/P BX H: SOURCE _____
- S/P BX I: SOURCE _____
- S/P BX J: SOURCE _____

DERMATOPATHOLOGY ANATOMIC TEST LIST

- __ GROSS ONLY/SLIDE PREP (DERM)
- __ GROSS & MICRO (REG)
- __ CONSULT (2nd OPINION) (DCON)
- __ INITIAL READ (NOT A CONSULT) (PROFEE)
- __ DIRECT IMMUNOFLUORESCENCE/SOURCE: _____
- __ Other test(s): _____ Source: _____

CLINICAL HISTORY SPECIAL INSTRUCTIONS:

- Use top part of form to describe and list specimen(s) submitted.
- Use bottom part of form to order the testing to be performed on the specimen(s) submitted.



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., MSB 3500
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