

RPS Use Only

Accession #: _____

SHADED AREAS FOR PATIENT INFORMATION REQUIRED

PATIENT LAST NAME				FIRST NAME				MI		COLLECTION DATE		TIME		REPORT		STAT							
DOB				GENDER		PT. ID# / ADDITIONAL INFO						<input type="checkbox"/> CALL		<input type="checkbox"/> FAX		<input type="checkbox"/>							
SSN				BILL TO:				PT. PHONE				PROVIDER: _____ (First, Last, MI)											
				<input type="checkbox"/> RPS Client Account				<input type="checkbox"/> Patient Insurance				ACCOUNT NUMBER						ACCOUNT NAME					
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																*If you do not know your account number, call Client Services at 402-559-2440.							
GUARANTOR NAME/DOB (REQUIRED IF PATIENT IS A MINOR)																							
ADDRESS						CITY			STATE			ZIP			STREET ADDRESS OR PO BOX								
PRIMARY INSURANCE																							
<input type="checkbox"/> MEDICARE IN-PATIENT				<input type="checkbox"/> MEDICARE OUT-PATIENT				<input type="checkbox"/> MEDICAID				<input type="checkbox"/> INSURANCE				CITY		STATE		ZIP CODE			
POLICY ID#						GROUP ID#						PHONE NUMBER				FAX NUMBER							
INSURANCE COMPANY						PHONE NUMBER						Other _____											
INSURANCE COMPANY ADDRESS						CITY			STATE			ZIP			SECONDARY / TERTIARY INS - ATTACH INFORMATION								
EFFECTIVE DATE / /																							
DIAGNOSIS CODE(S)																							
ICD-10 #1				ICD-10 #2				ICD-10 #3				<input type="checkbox"/> ABN ATTACHED						<input type="checkbox"/> PRIOR AUTHORIZATION ATTACHED					
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/																							
EACH TEST ORDERED MUST BE CODED WITH A DIAGNOSIS NUMBER																							

Clinical Diagnosis* (Signs and Symptoms)

*Required for insurance billing

Technical Only Slide Request

Blocks Sent # Unstained Slide(s) Sent

Block Part Type Source

Submitted Case Number(s)

Requested Stain(s)

Comment

***If submitting unstained slides please submit 2 unstained slides per stain.**



Testing Supplies

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

Supplies are ordered on-line at reglab.org/client-services/supply-orders/. Also, 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:

UNMC Shipping & Receiving Dock

Regional Pathology Services UT3314

University of Nebraska Medical Center

601 Saddle Creek Road

Omaha, NE 68198-1180

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