



UCSF HEMATOPATHOLOGY
Departments of Lab Medicine and Pathology

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HEMPATH-CONSULT REQUISITION

MRN:

PT. NAME:

BIRTHDATE:

GENDER:

CLINIC:

VISIT #:

UCSF SECTION ONLY	ACCESSION #	
Pathologist Name: _____	Date of Receipt: _____	
All REQUIRED fields and documents MUST be submitted to avoid any delay in test results. Copy of Pathology Report (REQUIRED), even a preliminary or working draft will suffice.		
COMPLETE ALL ITEMS – PRINT LEGIBLY (REQUIRED):		
Ordering/Referring Provider _____	UCSF Provider/NPI# _____ (_____) Phone/Pager _____	
Provider is an: <input type="checkbox"/> Attending Physician <input type="checkbox"/> Allied Health Practitioner (Include Attending Physician information below)		
Copy to (Print Name) _____	UCSF Provider/NPI # _____	
Phone/Pager: (_____) _____	Address: _____	
Bill To (REQUIRED) (Check One Only): MUST attach a copy of insurance card (front and back) or face sheet.		
<input type="checkbox"/> Patient (SELF PAY) <input type="checkbox"/> Referring Facility <input type="checkbox"/> PPO <input type="checkbox"/> HMO (REQUIRED) Insurance Authorization #: _____		
<input type="checkbox"/> Medicare (REQUIRED). For consult within 14 days of surgery, Medicare requires consultants to bill the referring facility for technical charges. Please indicate below which facility is responsible:		
Facility Name: _____		
Date of Surgery: _____		
ICD-10 code(s) is/are necessary to indicate medical necessity and for billing purposes. If payment is denied by insurance, referring facility is required to obtain a signed Advance Beneficiary Notice (ABN) which acknowledges patient responsibility for payment.		
ICD-10 CODE (REQUIRED)	RELEVANT CLINICAL HISTORY / CONSULT QUESTION (REQUIRED):	
Consult Slides/Blocks (REQUIRED) (Providing blocks and/or unstained slides may expedite a final report):		
Specimen #: _____ <input type="checkbox"/> Paraffin Block Count _____ <input type="checkbox"/> Stained Slide Count _____ <input type="checkbox"/> Unstained Slide Count _____	Specimen #: _____ <input type="checkbox"/> Paraffin Block Count _____ <input type="checkbox"/> Stained Slide Count _____ <input type="checkbox"/> Unstained Slide Count _____	Specimen #: _____ <input type="checkbox"/> Paraffin Block Count _____ <input type="checkbox"/> Stained Slide Count _____ <input type="checkbox"/> Unstained Slide Count _____
Special Instructions/Comments:		

500-0613 (Rev. 01/22)

