Test Requisition

Please refer to www.redpathip.com for detailed list of applications, descriptions of specimen requirements and shipping instructions.

RedPath Integrated Pathology, Inc.
2515 Liberty Avenue
Pittsburgh, PA 15222
Local: 412-224-6100
Toll Free: 1-800-495-9885
Fax: 412-224-6425
www.redpathip.com

1. Patient Information	Address	Phone #	Sex ☐Male ☐Female
Name – Last, First, MI		MR # or SSN	Date of Birth (mm/dd/yy)

2. Billing Information: Please complete billing information below or enclose copies of insurance information. Complete billing information must be provided or ordering Institution/Entity may be billed. If ordering entity is to be billed, the following information is not required.

Party Responsible for Payment: ☐ 3rd Party Payer (Insurance) ☐ Ordering Entity | **Authorization #**

☐PRIVATE INSURANCE (complete carrier information or attach face sheet or front/back copy of insurance card)	Primary Carrier:__________ Address:__________ Subscriber Name:__________ Relationship to Patient:__________ SSN:__________ Member ID#:________Group#:________	Secondary Carrier:__________ Address:__________ Subscriber Name:__________ Relationship to Patient:__________ SSN:__________ Member ID#:________Group#:________

☐ MEDICARE Member ID #__________
- ☐ Hospital outpatient
- ☐ Hospital inpatient (> 24 hrs)
- ☐ Non-hospital Patient
- ☐ Ambulatory Surgical Center
- ☐ Physician Office

Discharge Date:____________________

☐ MEDICAID MEMBER ID#________________
(attach front/back copy of insurance card)

☐ PATIENT SELF-PAY Check (US), certified funds, or money order.

3. Ordering Institution/Entity		Address
Name		
Phone #	Fax #	

4. Contact Name (if additional info is required)	Phone	Fax

5. Physician Information – Reports will be faxed to Physicians listed below at fax # provided.

Ordering Physician's Name		Ordering Pathologist's Name		Fax additional reports to:	
Specialty	UPIN/ NPI #	Specialty	UPIN/ NPI #	Specialty	UPIN/ NPI #
Phone	Fax	Phone	Fax	Phone	Fax

6. Specimen Type- Materials Submitted

Pathology number____________________

☐ Histology Slides – 1 H&E & 8 Unstained, **deparaffinized** required
 # Unstained, Deparaffinized Slides ________
 # H&E Slides________ # Other ________

☐ Cytology Slide(s) - Papanicolaou Stained **only**, **coverslip removed**
 # Stained Slides ____ from smear cell block other

☐ Fluid Aspirate & Buccal Brush (required)
 # Tubes of Fluid _______ & Buccal Brush control

☐ Cytology brush head(s) & Buccal Brush (required)
 # Tubes of Fluid _______ & Buccal Brush control

☐Other__________________(please contact us before sending)

7. Clinical Information – complete all areas

☐ Cytology report attached ☐ Pathology report attached
☐ Endoscopy report attached ☐ Other document________________

Organ/Tissue Type:

Specimen Collection: Date:____________ Time:____________	Date Sent to RedPath (Specimen pulled from archive) Date:____________ Time:____________

Submitting Diagnosis:

Pertinent Clinical History	ICD9 Code

8. Test Menu (select one)

☐ ***PathFinderTG***® ☐ Tissue Identity

9. Diagnostic Question: (see instructions on reverse side)

- ☐ Reactive vs. Neoplastic
- ☐ Benign vs. Malignant
- ☐ Reactive vs. LGD
- ☐ LGD vs. HGD
- ☐ Metastatic vs. Primary

Other:______________________________

10. Ordering Physician's Signature *Your signature Constitutes a Certification of the Following: When ordering PathFinderTG from which reimbursement from Medicare, Medicaid or other third party payors will be sought by RedPath, I certify that the above ordered molecular analysis is reasonable and medically necessary for the diagnosis, care and treatment of this patient's condition. This patient has been notified that additional testing via RedPath's PathFinderTG process has been requested. I also hereby authorize RedPath to send on my behalf this patient's test results to the patient's third party payor in connection with an appeal of a reimbursement denial or other reimbursement matter; but only where RedPath has made prior attempts to obtain reimbursement without the release of such test results.*

Signature	Print Name	Order Date

The purpose of this form is to obtain information necessary for RedPath to perform testing. Failure to properly complete the form may cause delay in the processing and testing of specimens.

RedPath Use Only
RedPath Account#: ***Received by:*** ***RP -______ -________*** ***Date/Time Received:***

© 2008 RedPath Integrated Pathology, Inc.

INSTRUCTIONS FOR COMPLETING REQUISITION

RedPath Integrated Pathology, Inc.
2515 Liberty Avenue
Pittsburgh, PA 15222
Local: 412-224-6100
Toll free: 1-800-495-9885
Fax: 412-224-6425
www.redpathip.com

1. Patient Information
Patient's addressograph label may be applied to the requisition. All information must be complete and legibly printed.

2. *PathFinderTG*® Billing/Insurance Information
RedPath Integrated Pathology will bill directly for patients that are insured by Medicare, Medicaid or any private third-party payor, whenever permitted by government regulations, payor billing policies or contractual arrangements. You must fully complete the requested patient billing information on this requisition form in order for us to provide this service. For those patients who are not insured by any third-party payor and do not meet eligibility criteria for RedPath Integrated Pathology's Uninsured Patient Program, or where required by government regulations, payor billing policies or contractual arrangements, RedPath will be required to bill submitting hospital or healthcare institution.

Tissue Identity cases will be billed to the ordering institution. Do not submit patient insurance information.

If you have questions concerning billing policies, please contact Provider Services at 1-800-495-9885.

3. Ordering Institution/Entity
Enter the name of the Hospital, Healthcare System, Physician Practice or organization that is the originator of the order.

4. Contact
Name of person to contact regarding problems with the submitted requisition or samples.

5. Physician Information
Reports will be faxed to Physicians listed, if fax number is provided. Reports can only be faxed to the physicians or departments listed in this section.

6. Specimen Information
PathFinderTG® is available for solid tissue, cytology or fluid specimens. Indicate the type of specimen by checking the appropriate box and indicate the number of each specimen type submitted. Each case should have its own Requisition Form, but if a case contains multiple types of specimens, please check each box that applies.

7. Clinical Information
All parts of this section must be completed. Please include a pathology/cytology/endoscopy report, if available. If specimens are pulled from archive for submission to RedPath, the date and time of retrieval must be recorded as this is required information for billing.

8. Test Menu
Please check the box for the test that you are requesting. Please contact us if you have questions regarding the test menu.

9. Diagnostic Question Section
Please check the appropriate box to indicate the diagnostic question for which integrated microscopic/molecular analysis is being requested. See description of included diagnostic questions below. If none apply, indicate by checking off next to Other and document applicable diagnostic question.

Diagnostic Question	Definition
Reactive vs. Neoplastic	Reactive versus Neoplastic (cancer) causation
Benign vs. Malignant	Benign versus malignant discrimination
Reactive vs. LGD	Reactive atypia versus true low grade dysplasia
LGD vs. HGD	Low grade dysplasia versus high grade dysplasia
Metastatic vs. Primary	Metastasis/recurrence of prior cancer versus new primary cancer formation

10. Ordering Physician's Signature
Processing of your case will be delayed until this information is received by RedPath Integrated Pathology. The ordering physician must sign the requisition form to verify that the requested analysis is reasonable for the diagnosis, care and treatment of the patient's condition.

The purpose of this form is to obtain information necessary for RedPath to perform testing. Failure to properly complete the form may cause delay in the processing and testing of specimens.

© 2008 RedPath Integrated Pathology, Inc.