



Request for SaraPath Diagnostics Pathology Services SMH NAPRC/Rectal Cancer

SaraPath Internal Use Only
Processed By: _____
Date Consult Requested: _____

Submit Request Form: by clicking the submit button below, or by faxing this form to (941) 362-8944; Call (941) 362-8917 if there are any questions

REQUESTOR TO COMPLETE 1 - 4

1. PATHOLOGY SERVICES REQUESTED

Pathology Consult Initial Pathology Interpretation

Other, list specifics _____

**** MUST PROVIDE INITIAL PATHOLOGY REPORT WITH REQUEST FOR CONSULT ****

2. PATIENT INFORMATION

Patient Name (Last Name, First, M.I.)	Patient Sex Male Female	Patient Date of Birth (MM/DD/YYYY)	For Reporting Pathology Results to SMH: SMH Encounter/Visit #: _____ SMH Medical Record #: _____
Patient Street Address		Patient Social Security Number	
Patient City, State, Zip Code	Patient Home Phone Number:	Patient Cell Phone Number	

3. ORDERING PHYSICIAN INFORMATION

Ordering Provider's Name:	Office Contact Name and Phone Number:	Office Fax Number:	Instructions and Other Information:
_____	_____	_____	_____

4. ORDERING PROVIDER AUTHORIZATION AND SIGNATURE

The ordering provider hereby authorizes the order for the pathology services and acknowledges that the patient and /or the patient's insurance plan are responsible for payment for the services ordered, including a FedEx or UPS transport fee if the patient's slides or blocks for the consult need to be obtained by SaraPath from a custodial facility:

Ordering Provider Signature *Ordering Provider Name* *Order Date*

SARAPATH / CUSTODIAL FACILITY TO COMPLETE

PATIENT MATERIALS REQUESTED FROM CUSTODIAL FACILITY

ORIGINAL DATE OF SERVICE: _____	ORIGINAL DATE OF SERVICE: _____	ORIGINAL DATE OF SERVICE: _____
ORIGINAL PATHOLOGY CASE #: _____	ORIGINAL PATHOLOGY CASE #: _____	ORIGINAL PATHOLOGY CASE #: _____
ORIGINAL SLIDES #: _____	ORIGINAL SLIDES #: _____	ORIGINAL SLIDES #: _____
BLOCKS #: _____	BLOCKS #: _____	BLOCKS #: _____
RECUTS #: _____	RECUTS #: _____	RECUTS #: _____

PLEASE PROVIDE COPY OF PATIENT'S BILLING AND INSURANCE INFORMATION (FACE SHEET)

SARAPATH PREPARED MATERIALS

SLIDES: _____	SLIDES: _____	SLIDES: _____
SARAPATH CASE: _____	SARAPATH CASE: _____	SARAPATH CASE: _____
OTHER INFO: _____	OTHER INFO: _____	OTHER INFO: _____

CUSTODIAL FACILITY AND SHIPPING INFO

Name of Custodial Facility:	Facility Contact Name and Phone #:	Delivery Method - List FedEx # or SaraPath Courier:
_____	_____	_____
Address of Custodial Facility:	Other Info:	Date To Be Delivered: Other:
_____	_____	_____