

HEMATOPATHOLOGY SERVICE REQUEST

Patient Information Non-Hospital (Outreach /Clinic patient) Hospital (In/Out patient at time of procedure)

Patient's Name: _____ **Record No.** _____

Gender: _____ **DOB:** _____ **Month / Day / Year** **Age:** _____ **Phone:** _____

Mobile: _____ **Postal Address:** _____

e-mail: _____

Medical Insurance: _____ Check if patient wants to receive bill for any deductibles via email.

Contract # _____ **Group #** _____ *Pathologists may order additional testing

2nd Insurance: _____ **Contract:** _____ **Group:** _____ based on medical necessity.

NOTIFICATION TO THE PATIENT: All samples sent to HRP Labs will be processed and diagnosed, and its outcome will be sent directly to the physician. If any deductible applies or if you don't have medical insurance, you will receive an invoice and be liable for the payment. Toda muestra enviada a HRP Labs será procesada y diagnosticada y el resultado será enviado a su médico. En caso de que haya algún deducible o de usted no estar cubierto por un seguro médico, recibirá factura y será responsable del pago de la misma.

Patient's Signature: _____

CLINICAL HISTORY

Clinical History:


Therapy: _____

- B Symptoms M-Spike
- Organomegaly Immunodeficiency
- Lymphadenopathy _____ cm Weight Loss

* Submit CBC Report if possible

 Current Prior

CLINICAL IMPRESSION / DIAGNOSIS

ICD-10	ICD-10	ICD-10	ICD-10
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- Initial Evaluation Staging Post-therapy / Restaging Relapse BMT Evaluation
- MPN _____ Hodgkin Lymphoma _____
- MDS _____ NHL _____
- Acute Leukemia _____ LPD (Other Lymphoproliferative disorder) _____
- Plasma Cell Neoplasm _____

SPECIMEN SUBMITTED

Collection Date _____ **Time** _____

- BM Aspirate # _____ Na-Heparin (green) # _____ EDTA (purple)
- BM Smears # _____ BM Bx Clot
- Peripheral Blood # _____ Na-Heparin (green) # _____ EDTA (purple)
- Morphology

 Other

Source / Fixation

TEST REQUESTED

- Flow Cytometry Cytogenetics FISH: _____ Other Molecular: _____

Physician's name: _____ **Lic.** _____

NPI # _____ **Physician's Signature:** _____

When ordering tests, providers should only order tests that are medically necessary for the diagnosis or treatment of a patient, generally not for screening. Only a few screening tests are covered by most government and third party payors for certain conditions at specific intervals. When ordering tests that are subject to ABN guidelines, refer to the policies published by your Medicare Administrative Contractor (MAC), or CMS. If testing does not come under Medicare guidelines for payment a signed beneficiary notice must be included in advance.

Red fields and patient information must be completed to avoid delay in processing or sample rejection.

This slip requisition is confidential and contains privileged information. Inappropriate disclosure is prohibited by law. If by accident you receive this request please contact us immediately at 300 Domenech Ave, San Juan Puerto Rico 00918. Telephone: (787) 765-7320 or fax (787) 281-5104. www.hrplabs.com