



INPATIENT (ROOM # _____) OUTPATIENT OR ER OFFICE

Date of Surgery/Procedure: _____

Specimen	Physician's full name: _____	Patient's ID #: _____
<input type="checkbox"/> Tissue Bx Organ	NPI: _____	Patient's Name: _____
<input type="checkbox"/> Intraoperative Consultation (Frozen) or Ext # _____	Tel. _____ Ext. No. _____	
<input type="checkbox"/> Cytology / FNA	Fax. _____	
	Signature: _____	Gender: _____ Date of Birth: _____

Pathology No. _____	Number of Containers Sent to Pathology Dept.				
	1	2	3	4	5
Nature of Specimen: _____	Previous Surgicals or Cytology: (Y) (N)				
PRE-OP DX: _____	POST-OP DX: _____				
Pertinent Clinical History & Diagnostic Studies:	ICD-10	ICD-10	ICD-10	ICD-10	ICD-10

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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.

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

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