

Hospital Pathology Associates Consultation Center 2800 10 th Ave S, Ste 2200, Minneapolis, MN 55407 Phone 612-767-8370 / fax 612-767-8376		Bill to: <input type="checkbox"/> Clinic/facility <input type="checkbox"/> Insurance <input type="checkbox"/> Patient (self pay)	
HPA use only: Received date/time _____ <input type="checkbox"/> Slides <input type="checkbox"/> Blocks <input type="checkbox"/> Acceptable <input type="checkbox"/> Not-acceptable Initials _____ Comments: _____ Returned: <input type="checkbox"/> Slides <input type="checkbox"/> Blocks Date _____		Patient Name: (Last) _____ (First) _____ (MI) _____ SSN _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DOB _____ / _____ / _____ Patient Address(Street) _____ City _____ State _____ Zip _____ Patient Phone # _____ Insurance Company Name _____ Ins ID _____ Group # _____	
Requesting Provider: Name _____ NPI _____ Signature _____		I N S U R A N C E	
		Relationship to insured <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Policy Holder _____ Policy Holder Date of Birth: _____ Insurance Co Address _____	

CMS regulations and guidelines state that it is necessary for performing laboratories to maintain written documentation of all orders. In order to assure compliance, we require the ordering physician's signature.	No testing can occur until this form is received by HPA
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Clinical Information & History	
Date of Request _____ Specimen Source _____ Reason for Consultation _____ Additional Comments _____	Working Diagnosis _____ _____ _____ _____

Material Submitted
Facility of Origin _____ Facility Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
Slides: Path # _____ # of Slides _____ Collection Date _____ Path # _____ # of Slides _____ Collection Date _____ _____ Other (please specify) Path # _____ # of Slides _____ Collection Date _____
Blocks: Path # _____ # of Blocks _____ Collection Date _____ Path # _____ # of Blocks _____ Collection Date _____ Path # _____ # of Blocks _____ Collection Date _____