



SURGICAL PATHOLOGY REQUISITION

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FOR OFFICE USE ONLY

- Frozen Section & Telephone Report**
- Routine**
- Michel's Solution for DIF Frozen**
- Microbiology Requests**

Patient _____ DOB ____ / ____ / ____ AGE ____ Sex ____ SSN _____ Date _____

Patient Phone # _____ Patient Address _____ City _____ State _____ Zip _____

Primary Insurance _____ Policy # _____ Group # _____

Subscriber _____ Relation to Patient _____

Secondary Insurance _____ Policy # _____ Group# _____

Subscriber _____ Relation to Patient _____

- Cash Pay – Family Medicine Residency of Idaho
- Women's Health Check (WHC)

Orientation: Stitch at 12 O'clock Other _____

Clinical History (symptoms/screening): _____

Specimen Source(s):

- A) _____ D) _____
- B) _____ E) _____
- C) _____ F) _____

SUBSPECIALTY PATHOLOGIST REQUEST

- Dermatopathology
- Cytology
- Gastrointestinal Pathology
- Attention to Dr.: _____
- Hematopathology

Microbiology Specimen (Sterile, without formalin or preservative)

Specimen Source: _____

- TWO CONTAINERS:** One container for culture and one container for surgical pathology
- ONE CONTAINER:** Take portion for culture, remainder for surgical pathology

- Aerobic
- Fungal Culture
- HSV Culture
- Anaerobic Culture
- Mycobacterial Culture
- VZV Culture
- Other, please specify _____

PHYSICIAN _____

ADDRESS _____

PHONE # _____

PHYSICIAN FAX # _____

PHONE REPORT
 FAX REPORT

COPIES TO: _____

DX Code _____