4path Pathology Services
Managed by GenesisPath, LLC
A MEMBER OF GENESIS BIOTECHNOLOGY GROUP
A DIVISION OF GENESIS CLINICAL DIAGNOSTICS

4path Pathology Services
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CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

Surgical Pathology & Non-Gynecologic Cytology Test Requisition Form

Ordering Physician/Laboratory

4path-SurgPath

(Required: Include the ordering physician's first & last name, NPI, practice name, complete address, phone number and fax number.)

Physician's Signature:	Date:

Additional result report - physician name & fax #:

Patient Information (Please Print)

Name (Last, First) (Required):

In Care of:

Patient Address:

City:	State:	Zip:
Sex at Birth (Required): ☐ Female ☐ Male	Date of Birth (Required):	
Patient SS#:	Patient ID#:	
Phone Number (Required):	Email:	

Billing Information (Please include a copy of the front & back of card.)

	Relation (Required):	Diagnosis Codes (Required):
☐ Patient Billing		Please provide ALL applicable diagnosis codes.
☐ Insurance Billing	☐ Self	______ ______
☐ Path Lab/Hospital	☐ Spouse	______ ______
☐ Physician Account	☐ Dependant	

Insured's Name (if not patient):

Insured's SS#:	Insured's DOB:

Primary Insurance Carrier:

Claims Address:

Policy ID, Medicare, or Medicaid #:

Employer/Group Name:	Group#:

Secondary Insurance Carrier:

Secondary Claims Address:

Secondary Policy ID or Medicare #:

Secondary Employer/Group Name:	Secondary Group#:

Physicians must only order tests that they have determined are medically necessary for the diagnosis and treatment of a patient. MDL offers individual tests, as well as a limited number of customized panels. If you choose to order a panel, please make certain that each and every test is medically necessary. If you check off a panel as your choice, MDL understands that the physician has determined that all of the component tests are medically necessary, and will perform, report and bill for all such component tests.

Histology and molecular testing may be performed on site at Medical Diagnostic Laboratories, L.L.C. (MDL) - 08690 or 6052

Pathology Tissue Specimen Submission

Date Collected (Required):	Time Collected (Required):	Collected By: Ensure that two separate patient identifiers are present on each container.
Special Instructions:		History or Pre-op Diagnosis:

Surgical Pathology Specimens & Non-Gynecologic Cytology Specimens

1401 ☒ Biopsy

Specimen	Specimen / Anatomic Location / Procedure
A	
B	
C	
D	
E	
F	
G	
H	
I	
For Lab Use Only	Additional clinical information:

White - Lab / Yellow - Lab / Pink - Client