United Clinical Laboratories/Pathology Associates of Dubuque
Dubuque, IA
563-589-9827

UCL accession #:

SURGICAL PATHOLOGY REQUISITION

Ordering Physician:_____

Copy to:_____

Patient Information **(Please print or use computer generated label)**

Last Name	First Name	MI	Birthdate	Age	Gender

Patient Address:

Patient ID or Medical Record #

Social Security Number

Patient Phone Number:

Bill To: ☐ Patient ☐ Insurance ☐ Account ☐ Other

Copy Insurance Card (front and back) and attach OR Complete the following:

Primary Insurance _____**Policy#**_____**Group#**_____

Subscriber Name_____ Relationship to patient: ☐ Self ☐ Spouse ☐ Other

Insurance Address_____

_____

Secondary Insurance _____**Policy#**_____**Group#**_____

Subscriber Name_____ Relationship to patient: ☐ Self ☐ Spouse ☐ Other

Insurance Address_____

_____

Collection Date:_____/_____/_____ Collection Time_____

Specimen Source: A. _____ B._____

C. _____ D._____

History/Clinical diagnosis and/or ICD-9 Code:

_____

_____

_____

If stereotactic breast biopsy; Calcifications (check one):☐Present ☐Absent

ICD-9/Diagnostic codes: A _____ B_____C _____ D _____
(Required, if not given above)