



OHSU Health

LABORATORY TESTING REQUISITION

PATIENT INFORMATION									
PATIENT LAST NAME			FIRST		MI	SEX	BIRTH DATE		HOSPITAL STATUS
									<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-Hospital
LABORATORY ACCESSION NO./ PATIENT IDENTIFICATION NO.					DATE COLLECTED		TIME COLLECTED		
RESPONSIBLE PARTY (GUARANTOR) NAME									
SOCIAL SECURITY NUMBER			RELATIONSHIP TO PATIENT			DATE OF BIRTH		SEX	
ADDRESS				CITY		STATE		ZIP	
TESTING INFORMATION									
TEST NAME(S)					**REQUIRED** ICD-10 DIAGNOSIS CODE(S) & ICD-10 DESCRIPTION				
SPECIMEN SOURCE					Results will be immediately available to the patient unless you mark the box below: <input type="checkbox"/> Do not release (I reasonably believe that an Information Blocking exception applies)				
REFERRING LABORATORY/PHYSICIAN (CLIENT) INFORMATION									
NAME					PHONE			FAX	
ADDRESS					CITY			STATE	ZIP
REQUESTING PHYSICIAN				NPI (REQUIRED FOR MEDICARE)			PHONE		
ADDITIONAL REPORT TO		FAX NUMBER:							
BILLING INFORMATION									
SELECT ONE BILLING METHOD					<i>Billing is done in accordance with the information provided below and OHSU Policy. Appropriate areas must be completed or referring laboratory/physician will be billed.</i>				
<input type="checkbox"/>	REFERRING LABORATORY / PHYSICIAN (CLIENT)								
<input type="checkbox"/>	PATIENT OR INSURANCE ***ATTACH COPY OF CARD***								
PRIMARY					SECONDARY				
PREAUTHORIZATION NUMBER					PREAUTHORIZATION NUMBER				
INSURANCE COMPANY					INSURANCE COMPANY				
POLICY NUMBER			GROUP NUMBER		POLICY NUMBER GROUP NUMBER				
ADDRESS					ADDRESS				
CITY			STATE	ZIP	CITY			STATE	ZIP
PHONE					PHONE				
SUBSCRIBER NAME			DOB	SEX	SUBSCRIBER NAME			DOB	SEX
CONTACT INFO									
LAB MEDICINE PH: 503-494-7383 3181 SW Sam Jackson Park Rd – HRC9, Portland, OR 97239 Hemostasis & Thrombosis PH: 503-494-7383 Flow Cytometry PH: 503-494-2302 Hematopathology PH: 503-494-2302 Biochemical Genetics PH: 503-494-7383 Phlebotomy FX: 503-494-6830					SURGICAL PATHOLOGY PH: 503-494-6775 3181 SW Sam Jackson Park Rd – L471/DH5022, Portland, OR 97239 Cytology PH: 503-494-8278 Immunohistochemistry PH: 503-494-5775 Electron Microscopy PH: 503-494-8402				