

## OHSU Healthcare LABORATORY TESTING REQUISITION

PATIENT INFORMATION PATIENT LAST NAME			FI	FIRST				MI	SEX	BIRTH DATE		TAL STATUS	
LABORATORY ACCESSION NO./ PATIENT IDENTIFICATION NO.								DATE CO	LLECTED	TIME COLLECTE	D 🗆 C	Outpatient Ion-Hospital	
RESPONSIBLE PARTY (GUARANTOR) NAME													
SOCIAL SECURITY NUMBER RELATIONSHIP TO P.							ATIENT			DATE OF BIRTH SEX		X	
ADDRESS					(	CITY			STATE	ZI	P		
TESTING INFORMATION TEST NAME(S)								**REQUIRED**ICD-10 DIAGNOSIS CODE(S) & ICD-10 DESCRIPTION					
SPECIMEN SOURCE													
CURRENT DRUG Rx								CLINICAL INDICATION/HISTORY					
IF PREGNANCY RELATED SERVICE: PREGNANT Y / N , LMP								DATE ONSET PRESENT ILLNESS					
ESTIMATED DUE DATE								DATE ONSET SIMILAR					
REFERRING LABORATORY/PHYSICIAN (CLIENT) INFORMATION NAME								PHONE			FAX		
ADDRESS								CITY			STATE	ZIP	
REQUESTING PHYSICIAN NPI							(REQUIRED FOR MEDICARE)				PHONE		
ADDITIONAL NAME													
REI	PORT TO	ADDRESS	RESS					CITY		STATE	ZIP		
BILLING INFORMATION								the infer	mation:	provided below and	OUSII Do	lian	
SELECT ONE BILLING METHOD  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.													
		ING LABORATORY / P FOR INSURANCE ***A				**							
	PRIMARY	Si						SECONDARY					
	PREAUTHORIZATION NUMBER						PREAUTHORIZATION NUMBER						
	INSURANCE COMPANY						INSURANCE COMPANY						
	POLICY NUMBER GROUP NUMBER						POLICY NUMBER GROUP NUMBER						
	ADDRESS						ADDRESS						
				ZIP		CITY				STATE ZIP			
	PHONE					PHONE							
	SUBSCRIBE	ER NAME	DO	В		SEX	SUBSCRIE	BER NAMI	Е		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  Occupational & Environmental Allergy PH: 503-494-7383  Biochemical Genetics PH: 503-494- 7383							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						
Phlebotomy FX: 503-494-6830							1						