

Tel: 203.787.1717 | Fax: 203.901.1289

PATIENT INFORMATION					
Last Name	First Name	MI	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB / /	SSN - -
Address	City	State	Zip	Phone () -	Patient ID/MRN

TREATING PHYSICIAN INFORMATION			BILLING INFORMATION		
Physician and/or Ordering Facility/Clinic/Hospital			Bill To <input type="checkbox"/> Insurance (Please attach copy of insurance card) <input type="checkbox"/> Medicare <input type="checkbox"/> Hospital/Direct Bill <input type="checkbox"/> Patient Self-Pay		
Address		Phone () -	Patient Status <input type="checkbox"/> Hospital Inpatient (>24 hour stay) Discharge date / / <input type="checkbox"/> Hospital outpatient <input type="checkbox"/> Non-Hospital patient		
City	State	Zip	Fax () -	Hospital Name	

<p>By signing this form, the ordering physician hereby authorizes the pathologist to release directly to Precipio Diagnostics any patient tissue and/or other relevant information required to properly conduct the test(s) ordered. Physician's signature confirms the medical necessity of this test, and certifies that the physician has obtained the patient's consent to conduct this test and release test results to the patient's third party payer as needed.</p>	Physician Signature 	Date: / /
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CLINICAL INFORMATION - Please attach all existing Pathology reports	
	ICD-10 Codes (Provide as many as applicable) 1. 2. 3.

CURRENT TREATMENT PLAN	REASON FOR CONSULT
Patient is: Please describe treatment plan: <input type="checkbox"/> Before treatment <input type="checkbox"/> During treatment <input type="checkbox"/> Completed treatment	<input type="checkbox"/> Confirmatory prior to treatment <input type="checkbox"/> Patient not responding to treatment <input type="checkbox"/> Patient request <input type="checkbox"/> Other: _____

SPECIMEN INFORMATION			
# of Paraffin Blocks (FFPE) []	# of Glass slides []	Specimen ID #	Date of Collection / / Time Collected <input type="checkbox"/> AM <input type="checkbox"/> PM

SERVICE REQUESTED	Material requirements
2nd Opinion Pathology Consult The case will be assigned to a Yale Professor of Pathology with the relevant sub-specialty expertise. All materials will be reviewed and additional stains will be performed as necessary provided enough material was submitted. Upon completion, a secondary opinion consultation report will be provided.	- Patient Clinical History - Biopsy slides/paraffin block(s) - Pathology reports

OTHER COMMENTS/REQUESTS

INSTRUCTIONS		
For Clinician 1. Please complete and sign requisition form 2. Include copy of pathology report 3. Fax form to Precipio at 203.901.1289	For Pathology lab 1. Please complete and sign requisition form 2. Include copies of pathology report 3. Carefully package all material and make sure all blocks and slides are wrapped in bubble wrap to avoid any damage during transportation. 4. Ship all material including this form and primary pathology report to:	Ship to: Precipio Diagnostics Dept: SmartPath 4 Science Park, 3 rd Floor New Haven, CT 06511, USA