

PATIENT INFORMATION

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

PHYSICIAN INFORMATION

Physician and Ordering Facility
(Name, Address, Phone and Fax)

Copy report to additional Physician

Physician Name

Phone () -

Fax () -

By signing this form, the ordering physician hereby authorizes the pathologist to release directly to Precipio any patient tissue and/or any other relevant information required to properly conduct the test(s) ordered. Physician's signature confirms the medical necessity of this text, 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.

Physician's signature: _____ Date _____

BILLING INFORMATION

Bill To

- Insurance (Please attach copy of insurance card)
 Medicare Hospital/Direct Bill Patient SelfPay

Patient Status

- Hospital Inpatient (>24 hour stay)
 Discharge date: _____
 Hospital outpatient Non-Hospital patient

Hospital Name

CLINICAL INFORMATION

Please attach any existing Pathology reports

Signs/Symptoms (include as many as applicable)

ICD -10 CODES

1. _____ 2. _____
 3. _____ 4. _____

CURRENT TREATMENT PLAN

- Patient is:
 Before treatment
 During treatment
 Completed treatment

Please describe the treatment plan:

REASON FOR CONSULT

- Confirmatory prior to treatment
 Patient not responding to treatment
 Patient Request
 Other:

SPECIMEN INFORMATION

# of Paraffin Blocks (FFPE)	# of Glass Slides	Specimen ID #	Collection Date	Time of Collection <input type="checkbox"/> AM <input type="checkbox"/> PM
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SERVICE REQUESTED

2nd Opinion Pathology Consult

The case will be assigned to a sub-specialized expert pathologist. All materials will be reviewed and additional stains will be performed as necessary provided enough material was submitted. Upon completion, a second opinion consultation report will be provided.

MATERIAL REQUIREMENTS

- 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 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 Inc.
 Dept: Smartpath
 4 Science Park
 New Haven, CT 06511, USA