

THE DELTA PATHOLOGY GROUP, L.L.C.
2915 MISSOURI STREET
SHREVEPORT, LA. 71109
PH: 318-621-8820 FAX: 318-212-4189

VERIFICATION FOR VERBAL ORDERS / REQUEST FOR MATERIALS

To request additional test(s) on a previously submitted specimen or to request a loan of blocks/slides, please complete, sign and submit the form below.

REQUIRED INFORMATION:

Today's Date: _____
Patient Name: _____ DOB: _____
Accession#: _____ Specimen/Source: _____
Date of Specimen: _____
Ordering Physician: _____ Requested By: _____
Telephone Number: _____ Fax Number: _____

Reason for Request:

*** Verbal Requested Test listed below Loan of Blocks

***An ICD 10 Code must be provided for all test orders: _____

Test added on to previously ordered tests Loan of Slides

VERBALLY ORDERED TEST(S): _____

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REQUEST FOR LOAN OF BLOCKS/SLIDES

Blocks/Slides to be loaned to: _____
Facility/Physician

Address of Facility/Physician
Requested by: _____

Reason for request of loan:

Patient referred for treatment Second opinion requested by patient
 Second opinion requested by physician Tumor Conference
 Research Other

Authorized Signature _____ Date: _____

Fax to (318)-212-4189 ATTN: _____