

Form IC-000

CONSULT REQUISITION FORM for IMPRESSION CYTOLOGY

Instructions:

1. Document all IC consult test requests on this form – use a different form for each patient.
2. Complete the first section of this form - Requesting Physician must sign this request form.
3. The IC Kit will be shipped after a faxed/mailed signed requisition form is received.
4. OSC Personnel: After shipping kits, complete the shipping section and retain all completed forms in the designated location on the IC laboratory premises.

Requisition Details	
Date of Consult Request	
Name of Requesting Physician	
Shipping Address	
Shipping Phone #	
Email	
Number of Kits Requested	
Patient Name (Last, First, MI)	
Patient DOB	
Patient Gender	
Patient Diagnosis/Signs/Symptoms	
Mailing Address for Patient Report	
Signature of Requesting Physician	
OSC Lab Use Only (Shipping Details)	
Shipment Date	
FedEx Shipping Details	<input type="checkbox"/> Priority Overnight <input type="checkbox"/> First Overnight <input type="checkbox"/> Standard Overnight <input type="checkbox"/> 2 nd Day <input type="checkbox"/> Other
Local Transport Details	<input type="checkbox"/> Hand carried by _____ <input type="checkbox"/> Messenger _____