



Indiana University Health

IU Health System Pathology Laboratories
350 W. 11th Street, Room 5013
Indianapolis, IN 46202-4108
317.491.6000 or 800.433.0740
Fax: 317.491.6001

Form with multiple sections: Patient Information (Name, DOB, SSN, Race, Address, City, State, Zip, M/F), Insurance Information (Company Name, Policy #, Address, City, State/Zip, Policy Holder Name, Relationship to Patient), ICD Diagnosis Codes (8 boxes), and Billing Instructions (ATTACH A COPY OF FACE SHEET AND INSURANCE CARD...).

Liver Pathology

Please check one: [] Inpatient [] Outpatient [] Ambulatory Surg Center

Clinical History: Respond below and/or attach patient's most recent clinical history. Please provide ICD Diagnosis Codes in Section 5 above.

Clinical Diagnosis: _____

Jaundice [] Ascites [] AST: _____ ALT: _____ Alkaline Phosphatase: _____ GGT: _____

AMA: _____ ANA: _____ ASMA: _____ Ethanol History: _____

Current Medications: _____

Viral Studies: A: _____ B: _____ C: _____ ERCP results: _____

Any mass lesion (CT findings): _____

How did patient present? _____ Specific Questions: _____

Referring Physician Information: (If different from Ordering Physician/Client Information box at top)

Gastroenterologist: _____ Fax a final Report? Yes ___ No ___

Address: _____ Fax: _____

City, State, Zip _____ Telephone: _____

Please FAX this submission form and face sheet to the 317-491-6419 BEFORE sending all biopsies: Attention: Liver Biopsy



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1) Patient Legal Name (Last, First MI)		DOB	2) () STAT	Date/Time of Collection
Patient Social Security #	Race	MR#/Alternate Pt ID		Phone Results To:
Patient Address		Phone		Fax Results To:
City, State, Zip		M F	4) BILL FACILITY / CLIENT	
3) Physicians Signature	Order Date	Print Physicians Name (F, MI, L)		() Split Bill: TC to Facility & PC to Insurance (Medicare, Medicaid) Attention PFN: do not register, send patient directly back to lab
Client (Clinic/Physician) Information			Group Physicians	
Send Additional Report To:				

Liver Pathology

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