BARNES-JEWISH Hospital
BJC HealthCare

Department of Laboratories
SURGICAL PATHOLOGY TISSUE EXAM REQUEST
St. Louis, Missouri 63110• (314) 362-0122

Date } _____

ACCOUNT INFORMATION

NAME

ADDRESS

CITY STATE ZIP

PHONE

BILL TO:
☐ ACCOUNT ☐ PATIENT/INSURANCE ☐ ALTERNATE

☐ **RUSH** (Biopsy only–Must be received Prior to 11:00 a.m. Monday-Friday for same day processing)

BJH REGISTRATION #

REGISTERED BY

PATIENT

PATIENT'S NAME (LAST) | (FIRST) | (MI) | SEX | DATE OF BIRTH MO DAY YR | PATIENT'S SS #

RACE (SEE BACK) | ETHNICITY (SEE BACK) | DIAGNOSIS CODE

PATIENT'S ADDRESS | CITY | STATE | ZIP | PHONE

RESP. PARTY

PATIENT'S RELATIONSHIP TO RESPONSIBLE PARTY ☐ 1-SELF ☐ 2-SPOUSE ☐ 3-CHILD ☐ 4-OTHER

NAME OF RESPONSIBLE PARTY (IF DIFFERENT FROM PATIENT) | SOCIAL SECURITY (INSURED SS#):

ADDRESS OF RESPONSIBLE PARTY | APT # | DATE OF BIRTH MO DAY YR

CITY | STATE | ZIP

MEDICAID # | STATE | MEDICARE # (INCLUDE PREFIX/SUFFIX) ☐ PRIMARY ☐ SECONDARY | MEDICARE RETIREMENT OR DISABILITY DATE:

RESP. PARTY

INSURANCE COMPANY NAME | PLAN | CARRIER CODE

SUBSCRIBER / MEMBER # | LOCATION | GROUP #

INSURANCE ADDRESS | PHYSICIAN'S PROVIDER #

CITY | STATE | ZIP

EMPLOYER'S NAME OR NUMBER | WORKER'S COMP ☐ YES ☐ NO

CLINICAL HISTORY AND DIAGNOSIS:

Patient has metastatic disease? ☐ Yes ☐ No ☐ Unknown ☐ Not Relevant

OB/GYN: Last Menses: Date Ovulation: G: P: AB: Hormone RX:

OPERATIVE PROCEDURE AND FINDINGS:

NUMBER OF SPECIMENS JARS SUBMITTED: _____

LIST SPECIMENS HERE (specify site):

_____

_____

_____

_____

_____

_____

Ordering Physician (Receives Touchworks Task)

Last Name First Name Middle

Submitting Physician

Last Name First Name Middle

Additional Report To

Last Name First Name Middle

Last Name First Name Middle

PATIENT DEMOGRAPHIC INFORMATION:

Race:	American Indian or Alaska Native	AI
	Asian	AS
	Black or African American	BL
	Native Hawaiian or other Pacific Islander	PI
	White	WH
	Unknown	UN
	Some other Race	SR
Ethnicity:	Hispanic or Latino	002
	Non Hispanic or Latino	003
	Unknown	004

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	Asian	AS
	Black or African American	BL
	Native Hawaiian or other Pacific Islander	PI
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	Unknown	UN
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