

Send Out Request Form



Patient Information		
Last Name	First Name	Date of Birth
Address		
Medical Record Number	SSN	
Ordering Physician Information		
Provider Name	NPI#	
Facility Name		
Facility Contact Person	Phone Number	
Facility Address		
Send Out Request		
<input type="checkbox"/> Send Slides for Consultation	Date of Request	
<input type="checkbox"/> Send Material for Reference Testing	Requested Test	
Pathology Case/Accession Number to Send Out	Date of Pathology Report	
Send to Facility	Send to Physician	
Send to Address		
Send to Phone Number	Send to Contact Person	
Shipping Method		
<input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> USPS	Account Number	

If requesting a case to be sent for reference testing, please attach a copy of the physician's orders and current patient demographics/insurance to this form.

Contact Us

If you have any questions or need more information, please contact Histology at Pathology Services Laboratory by phone at 479-968-6781 or 1-800-874-4904 or by email at PSLab@pathologyserviceslab.com.