

**Instructions for Completing**  
**A Pocono Medical Center General Laboratory**  
**Requisition**  
**FORM # 2194 FA023**

(PLEASE REFER TO SURGICAL PATHOLOGY, CYTOLOGY AND GYNECOLOGY REQUISITION  
PAGE FOR SPECIFIC INSTRUCTIONS)

1. Collect date and time specimen is collected.
2. Billing type – check appropriate box for who is to be billed
3. Check type of priority and any special request for result reporting (use any combination of the following options)
  - OPTION 1: write phone number where results are called
  - OPTION 2: write fax number where results are faxed
  - OPTION 3: write name of physician-authorized party to receive copy of patient's results
4. Print name – last name, first name and middle initial
5. Fill in Medical Record number from previous report (optional)
6. Sex (M – male; F – female)
7. Date of birth from patient's chart
8. Patient's Social security number
9. SIGNATURE REQUIRED
  - OPTION 1: physician or physician's authorized representative
  - OPTION 2: physician's signature required for MEDICAID PATIENTS
10. Print physician's or provider's name
11. ***\*Insurance card holder's name***
12. Spouse/self/guardian/parent
13. Telephone number where patient can be reached by physician with critical values
14. Patient's address
15. Diagnosis/ signs or symptoms in ICD-9 format to support all tests ordered – code to highest level of specificity (Mandatory)
16. ***\*Medicare beneficiary number***
17. ***\*Medicaid number***
18. ***\*Medicaid beneficiary's state***
19. ***\*BC/BS number (including Group or Employer Number)***
20. ***\*Other third party insurance name, address and number***
21. Place a dark check beside the test(s) being ordered
22. Corresponding ICD-9 code for test checked (coded to the highest level)
23. Source for culture (Mandatory for all cultures)
24. Write in all other tests not listed on requisition
25. Write in special instructions and/or list more tests
26. Write the **total number of tests** ordered for the patient
27. Specimen labels – (last name, first name) peel off and affix to tube(s)

***\* If a copy of the front and back of the insurance card or some other document containing attached to requisition, you need not complete this field.***

