



Pathology Request for Additional Testing for Tissue Specimens

This form is used when Nordx receives a request from an outside provider to perform additional testing on a tissue specimen.

CLIA regulations require that a verbal request is confirmed with a written or electronic requisition.

This form is to be completed by the ordering provider to include the request date and the ordering provider's signature.

Fax Request to NorDx Histology @ 207-396-7538 *(Please include face sheet and patient demographics when appropriate)*

Request date: _____

Patient Information

Patient Name	
Patient Date of Birth	
Patient MRN	
Pathology Case Number	
Re-accessioned Case #(NDX only)	

Ordering and Reporting Information

Ordering Provider (first/last name)	
Ordering Provider's Practice Address	

Report Copies To: (first name) _____ (last) _____

Diagnosis Code: _____

Requested Tests

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Ordering Provider: _____ Date: _____

Signature