

**Form IC-000**

**CONSULT REQUISITION FORM for IMPRESSION CYTOLOGY**

**Instructions:**

1. Document all IC consult test requests on this form – use a different form for each patient.
2. Complete the first section of this form - Requesting Physician must sign this request form.
3. The IC Kit will be shipped after a faxed/mailed signed requisition form is received.
4. OSC Personnel: After shipping kits, complete the shipping section and retain all completed forms in the designated location on the IC laboratory premises.

<b>Requisition Details</b>							
Date of Consult Request							
Name of Requesting Physician							
Shipping Address							
Shipping Phone #							
Email							
Number of Kits Requested							
Patient Name (Last, First, MI)							
Patient DOB							
Patient Gender							
Patient Diagnosis/Signs/Symptoms							
Mailing Address for Patient Report							
Signature of Requesting Physician							
<b>OSC Lab Use Only (Shipping Details)</b>							
Shipment Date							
FedEx Shipping Details	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Priority Overnight</td> <td style="width: 50%; border: none;"><input type="checkbox"/> First Overnight</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Standard Overnight</td> <td style="border: none;"><input type="checkbox"/> 2<sup>nd</sup> Day</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Priority Overnight	<input type="checkbox"/> First Overnight	<input type="checkbox"/> Standard Overnight	<input type="checkbox"/> 2 <sup>nd</sup> Day		<input type="checkbox"/> Other
<input type="checkbox"/> Priority Overnight	<input type="checkbox"/> First Overnight						
<input type="checkbox"/> Standard Overnight	<input type="checkbox"/> 2 <sup>nd</sup> Day						
	<input type="checkbox"/> Other						
Local Transport Details	<input type="checkbox"/> Hand carried by _____ <input type="checkbox"/> Messenger _____						