



## **Saint Francis Medical Center Pathology Follow-up Request**

*Please complete the form below for any follow-up patient testing required beyond initial Pathology testing. Once form is completed, please fax completed form (with a copy of the original OSF Pathology result report) to 309-624-9150.*

Patient Name: \_\_\_\_\_

Patient Diagnosis: \_\_\_\_\_

Orig. Provider: \_\_\_\_\_ Orig. Date of Service: \_\_\_\_\_

SFMC Path. Case #: \_\_\_\_\_ SFMC Spec. Block #: \_\_\_\_\_

### **Additional Pathology Order Options**

Overread/OSF Pathology Consult

Tumor Board

Further testing (to be performed/read at OSF Saint Francis Medical Center)  
*( OSF Facilities -- **do not use this section** ; use IHC Stain/Special Stain/Recut Request Form )*  
*Please Specify:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Physician's Signature (required):* \_\_\_\_\_

Send Patient specimen material out for further testing  
*Please Specify:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Physician's Signature (required):* \_\_\_\_\_

***\*For questions pertaining to the above requests, please list a contact for OSF Pathology to contact...***

Office Contact: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

***For any questions pertaining to the form itself, please contact the OSF Pathology department at 309-624-9105 and ask to speak to the Lead Pathology Secretary.***