LSU Health Shreveport, LA – Pathology Outreach Services

Client Contact Information

Institution/Office: _____
Contact Person: _____
Phone: _____
Neuro/Rheumatologist: _____
Phone: _____ Fax: _____
Email: _____
Pathologist: _____
Phone: _____ Fax: _____
Email: _____

Patient Information

Specimen ID: _____
Patient Name: _____
DOB: _____ Gender: ☐ ☐
Race: _____ COVID 19 Exposure: ☐ ☐

Please note, provided cell phone number and email address will only be used by LSU Pathologist's in efforts to contact the submitting Neurologist/Rheumatologist. A cell phone number or direct number to the physician is a necessity for communication between LSU Pathologist and the submitting Physician. Not doing so may delay communication of important information pertaining to the case and a delay in the report.

Clinical Information

Biopsy Site: _____ **Biopsy Date:** _____

Clinical History (Current and prior clinical history and physical exam findings (attach additional sheets as needed)

Revelant Family History:

Symptoms

Weakness	☐ YES	☐ NO
Fatigue	☐ YES	☐ NO
Pain	☐ YES	☐ NO
Parethesias/Numbness	☐ YES	☐ NO
Sensory Loss	☐ YES	☐ NO
Dysphagia/Dysarthria	☐ YES	☐ NO
Ophthalmoplegia	☐ YES	☐ NO
Loss of Coordination	☐ YES	☐ NO

Symptom Duration:

Symptom Distribution:

Other Associated Symptoms:

Medications (Current/Prior)

☐ Steroids
☐ Cholesterol-lowering Drugs
☐ Chloroquine/Hydroxychloroquine
☐ Anti-Retrovirals
Other: _____

Laboratory Findings

CK _____
AST,ATL _____
LDH _____
ESR _____
ANA _____
Rheum Factor _____
Others _____

EMG Findings/ NCS Findings

Imaging Findings

Previous Biopsies

Genetic Studies

Clinical impressions and differential diagnoses:

PLEASE SEE REVERSE TO FILL OUT INSURANCE INFORMATION

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Billing Method

___ **Bill sending Inition/Practice** Note: The sending institution will be responsible for all billed charger to non-contracted thrid-party payers self-pay patients, non-LA/TX Medicaid and Medicare Technical Componets.
Please provide the hospital adress and contact person. _____

_____

_____

___ **Medicare/Medicaid** (We are currently able to accept Medicaid patients only from LA, TX, MS & AR. The sending institution of other states will be responsible for the billed charges.)

Patient Medicare #: _____ Patient Medicaid #: _____ State: _____

___ **Bill Insurance (Complete information below, or attach front and back copy of insurance card. If more than one company, please indicate which is primary)**

Insurance Company #1 or
Medicare Supplement: _____ Phone: _____
Address: _____
Policy#: _____ Group#: _____
Subscriber Name: _____ Relation to Patient: _____
Insurance Company #2: _____ Phone: _____
Address: _____
Policy#: _____ Group#: _____
Subscriber Name: _____ Relation to Patient: _____

Reports and Returned Materials

1.Confirmation of specimen receipt, including name and phone number of LSUHSC-Shreveport Renal Pathologist performing renal consultation, will be faxed to sending institution upon specimen arrival.

2. LSUHSC-Shreveport Renal Pathologist will phone results directly to nephrologist.

3.Final Reports are faxed/emailed and put into LSU Pathology Portal, upon completion of service.

4.Hard-copy reports sent vial mail to requestion nephrologist and pathology department.

Billing

Please contact the LSU Heatlh Shreveport Pathology Outreach Services Business Office for current pricing or other billing questions/ arrangments at 318-675-5869 (Pathology Business Office). Please note the following:

1. We do not charge for test not performed due to inadequate sampling.
2. We can bill patients, insurance companies or hospital/practice directly.
3. We are currently able to accept **Medicaid** patients only from LA and TX. The sending institution will be responsible for all billed charges to non-contracted thrid-party payers, self-pay patients, non-LA/TX Medicade and Medicare Technical Components. Please complete contact information on front of requisition.

Thank you for your business.