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.

v. 03-2020