



Specimen Requirements

Please submit at least the following when sending a specimen from your private office to Allied Diagnostic Pathology Consultants:

- Completed requisition (***Complete in full if no demographic sheet to accompany case**)
 - Patient Name, DOB, Address, Telephone, Date & Time collected
 - Ordering Physician (Full name & Contact #)
 - Treating/Referring physician (**Full name**, Contact #, Fax #)
 - Clinical History and Diagnosis (ICD 10)
 - Type of specimen checked at bottom of requisition
- Patient Demographic Sheet/Insurance Face Sheet (If available from electronic record)
- Copy of Patient's Insurance Card (Front & Back)
- Patient Identification Card (Front & Back)
- Specimen Container- **MUST HAVE WRITTEN ON CONTAINER:**
Patient Name, Date of Birth, Location of Procedure and Type of specimen

If you have any questions, please call (302) 575-8103.

Once specimen and requisition are complete, please call **(302) 575-8103** for courier service pick-up from your location.