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The following protected health information is hereby requested on the following patient solely for treatment and continuity of care purposes under the Health Insurance Portability and Accountability Act of 1996 [45 CFR 164.506], as amended ("HIPAA"). The below named patient is scheduled for treatment/visit and this information is needed as soon as possible for continuous and ongoing treatment as defined under HIPAA.

PATIENT MATERIALS REQUEST

PLEASE SEND MATERIALS ON THE FOLLOWING PATIENT:

<u>Patient Name:</u>	<u>Date of Birth:</u>	<u>SSN:</u>	<u>Patient's Phone Number:</u>	
<u>Patient Address:</u>	<u>State:</u>	<u>Zip:</u>	<u>Specimen ID:</u>	<u>Date of Procedure:</u>
<u>Requesting Physician:</u>	<u>Date of Request:</u>	<u>Requested Provider Representative: (Please Print)</u>		
<u>Reason for Request:</u>				

MATERIALS REQUESTED

1. Formalin-fixed Paraffin-Embedded block with tumor
2. Corresponding Hematoxylin & Eosin (H&E) stained slides
3. Corresponding Pathology reports
4. If the patient is a Medicare patient, please include a copy of the hospital face sheet indicating the most **recent** date of hospital discharge.
5. Copy of the patient's insurance card

Note: Slides and unused patient materials will be returned to you 14 days after all testing has been completed.

SHIPPING INSTRUCTIONS

Please enclose a copy of this form when packaging and sending the above requested materials. All materials should be sent **FEDEX Next-Day Air** to:

Shipping Address: Pathology Group of Louisiana
5339 O'Donovan Drive
Baton Rouge, LA 70808
ATTN: SEND OUT DEPARTMENT

Contact US:
(P:) 225-766-4999 (ask for the Send-Out Dept.)
(F:) 225-769-4294

The following information is requested to be released for the continuity of care of the patient named above and for the purpose and conditions designated on this form. This request does not include alcohol and drug abuse/treatment, psychological and social work counseling, HIV/AIDS and communicable disease or infections, including sexually transmitted diseases, venereal disease, tuberculosis and demographic information, unless express patient consent has been received for this information. Moreover, treatment or payment may not be conditioned upon the execution of this authorization by any health care provider. This authorization expires one (1) year from the date it has been signed.

Signature of requesting provider representative: _____
SIGNATURE
DATE

Instructions to Physicians Requesting Materials for Second Opinion Consultation Performed by PGL

1. Clinician's office should complete the Patient Materials Request Form. This form may be found on the Pathology Group of Louisiana's (PGL) website @ www.pathgrouppla.com
2. Clinician's office should send the Patient Materials Request Form to the original pathology provider.
 - The Patient Materials Request Form directs the original pathology provider to send the materials directly to PGL.
3. Clinician's office should fax a copy of the signed Patient Materials Request and current patient demographic information to Pathology Group of Louisiana, **ATTN: Referral/Send-Out Department** at **(225) 769-4294**.
 - This will allow PGL's Referral/Send-Out Department to be aware of the request and to watch for receipt of the pathology materials.
4. The pathology materials will be accessioned immediately upon receipt by PGL for the second opinion consultation.
5. The pathology materials will be returned by PGL to the original pathology provider within 14 days after the consultation has been completed.

Should you have any questions or concerns, please do not hesitate to contact our Referral/Send-Out Department at (225) 706-4452 or (225) 706-4469.