KAISER PERMANENTE®
Colorado Region -Regional Reference Laboratory
Histology Department
11000 E. 45th Avenue
Denver, CO 80239
FAX: (303) 404-4151

TISSUE PATHOLOGY REQUEST

(Use for LIS-HealthConnect downtime or Non-KP Provider)

Order Date:_____ **Facility & Clinic:**_____

***Patient Name:**_____ ***KP ID#**_____

_____

☐ ***Non-KP Provider** • ***KP Provider**

***Provider Name:**_____

***Provider Address:**_____

***Provider FAX number:**_____ ***Phone No.:**_____

_____

Patient Date of Birth:_____

***Source/Site (be specific):**_____
(source/site(s) on container(s) must match source/site(s) on requisition)

Clinical History:_____

Diagnosis(ICD 10):_____

Previous Cytology/Biopsy:_____

----------Lab Use only----------

Case Number:_____ **Number of Slides:**_____