

**Pathology and Laboratory Medicine**  
**University of Kentucky Chandler Medical Center**  
**MS 117, Lexington, KY 40536-0084**  
**PATIENT REGISTRATION FORM**

Bill to:  Institution  
 Patient  
 Insurance

Medical Record #: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex:  M  F Race: \_\_\_\_\_ Marital: \_\_\_\_\_ Religion: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Veteran:  Y  N

Street Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Maiden/Birthname: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Patient's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Guarantor's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Guarantor's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address of Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Next of Kin Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**INSURANCE**

**GROUP**

**POLICY#**

**POLICY HOLDER**

1.			
2.			

**NOTE: A COPY OF BOTH FRONT & BACK OF INSURANCE CARD IS REQUIRED.**

In order to process your request, please supply the following information:

Hospital/Institution/Physician's Office

Name: \_\_\_\_\_ U.K. Acct. #: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Phone #: \_\_\_\_\_  
Attention: \_\_\_\_\_ Fax #: \_\_\_\_\_

**SPECIMEN INFORMATION**

Ordering Physician: \_\_\_\_\_ Type Specimen: \_\_\_\_\_  
Working Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Before sending specimen, please contact the appropriate phone # below:

1. **Immuno-Molecular Pathology**- Jeanie, 606/323-5327
  - Lymphoma leukemia phenotype
  - DNA ploidy
  - T4/T8
  - HLA
2. **Immunohistochemistry**- Patti, 606/257-1492
3. **Muscle Biopsy**- Camille, 606/257-1822
4. **Electron Microscopy**-Richard, 606/257-5078
5. **Cytogenetics**- Linda, 606/257-3736

**\*\*Specimens should be delivered to MS 117-reception desk unless otherwise indicated by above lab.  
If mailing specimen, please send to address on front of form.**

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