



**LSUHSC-S Pathology Outreach  
Professional / Technical Services  
Off-Site Visits**

LSUHSC-S Employee: \_\_\_\_\_

Date of Visit: \_\_\_/\_\_\_/\_\_\_      Start Time: \_\_\_\_\_      End Time: \_\_\_\_\_

Bill Client (*circle one*): YES / NO

**Reason for Visit:**

\_\_\_\_ Laboratory Director Monthly Review Visit

\_\_\_\_ Laboratory Director Additional Visit (*purpose*) \_\_\_\_\_

\_\_\_\_ Meeting:

    \_\_\_\_ Client Requested (*purpose*) \_\_\_\_\_

    \_\_\_\_ LSUHSC-S Requested (*purpose*) \_\_\_\_\_

    \_\_\_\_ Mandatory Meeting (*purpose*) \_\_\_\_\_

\_\_\_\_ Professional Consultation (*purpose*) \_\_\_\_\_

\_\_\_\_ Technical Consultation (*purpose*) \_\_\_\_\_

\_\_\_\_ Other (*specify*) \_\_\_\_\_

**Verification of Visit:**

Client Signature: \_\_\_\_\_

Client Title: \_\_\_\_\_

**Comments / Notes:**

\_\_\_\_\_  
\_\_\_\_\_

**Billing:**

Billing Completed (*date*): \_\_\_/\_\_\_/\_\_\_      Invoice Number: \_\_\_\_\_

Billed By (*LSUHSC-S employee name*): \_\_\_\_\_