



Patient Name (Last) (First) (MI)			DOB	Payor <input type="checkbox"/> Patient <input type="checkbox"/> Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Client <input type="checkbox"/> Other	DIAGNOSTIC TESTS • SURGICAL PATHOLOGY
Social Security No.		Sex M F ()	Patient's Phone Number		
Patient Address		City	State	Zip Code	HMO Insurance Authorization # _____
Client Practice Name & Address					Patient/health plan may receive 2 bills; technical (lab) and professional (M.D.) charges may be billed separately.
Phone No. NPI Number					
Physician Signature					Insurance Info: Attach a copy of front and back of the insurance card or face sheet.
Date					
Copy to: (Name & Address, Fax & Phone)					For Lab Use Only
Requisition #					

SPECIMEN INFORMATION

CLINICAL INFORMATION (Use extra sheets if more than 5 specimens)

SPECIMEN INFORMATION		CLINICAL INFORMATION (Use extra sheets if more than 5 specimens)	
SPECIMEN A: <input type="checkbox"/> Shave <input type="checkbox"/> Punch <input type="checkbox"/> Excision <input type="checkbox"/> ED and C <input type="checkbox"/> Slide consultation <input type="checkbox"/> Other	Special Requests: <input type="checkbox"/> Clinical Photos Included <input type="checkbox"/> Duplicate H and E slide <input type="checkbox"/> Special Stain Requested <input type="checkbox"/> Alopecia protocol <input type="checkbox"/> Other	Site / Slide Number:	Collection Date:
	ICD-9 Code:	Clinical Findings:	
SPECIMEN B: <input type="checkbox"/> Shave <input type="checkbox"/> Punch <input type="checkbox"/> Excision <input type="checkbox"/> ED and C <input type="checkbox"/> Slide consultation <input type="checkbox"/> Other	Special Requests: <input type="checkbox"/> Clinical Photos Included <input type="checkbox"/> Duplicate H and E slide <input type="checkbox"/> Special Stain Requested <input type="checkbox"/> Alopecia protocol <input type="checkbox"/> Other	Site / Slide Number:	Collection Date:
	ICD-9 Code:	Clinical Findings:	
SPECIMEN C: <input type="checkbox"/> Shave <input type="checkbox"/> Punch <input type="checkbox"/> Excision <input type="checkbox"/> ED and C <input type="checkbox"/> Slide consultation <input type="checkbox"/> Other	Special Requests: <input type="checkbox"/> Clinical Photos Included <input type="checkbox"/> Duplicate H and E slide <input type="checkbox"/> Special Stain Requested <input type="checkbox"/> Alopecia protocol <input type="checkbox"/> Other	Site / Slide Number:	Collection Date:
	ICD-9 Code:	Clinical Findings:	
SPECIMEN D: <input type="checkbox"/> Shave <input type="checkbox"/> Punch <input type="checkbox"/> Excision <input type="checkbox"/> ED and C <input type="checkbox"/> Slide consultation <input type="checkbox"/> Other	Special Requests: <input type="checkbox"/> Clinical Photos Included <input type="checkbox"/> Duplicate H and E slide <input type="checkbox"/> Special Stain Requested <input type="checkbox"/> Alopecia protocol <input type="checkbox"/> Other	Site / Slide Number:	Collection Date:
	ICD-9 Code:	Clinical Findings:	
SPECIMEN E: <input type="checkbox"/> Shave <input type="checkbox"/> Punch <input type="checkbox"/> Excision <input type="checkbox"/> ED and C <input type="checkbox"/> Slide consultation <input type="checkbox"/> Other	Special Requests: <input type="checkbox"/> Clinical Photos Included <input type="checkbox"/> Duplicate H and E slide <input type="checkbox"/> Special Stain Requested <input type="checkbox"/> Alopecia protocol <input type="checkbox"/> Other	Site / Slide Number:	Collection Date:
	ICD-9 Code:	Clinical Findings:	