

**PART A: Patient Information - *Required***

Patient Name: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender M \_\_\_ F \_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Social Security: \_\_\_\_\_ EMR# \_\_\_\_\_  
Specimen collection date: \_\_\_\_\_

**PART B: Provider Information - *Required***

Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
NPI# \_\_\_\_\_ Signature \_\_\_\_\_

**Send Duplicate Report to:** Name \_\_\_\_\_ Address/Fax \_\_\_\_\_

**PART C: Indications/Clinical History:** \_\_\_\_\_

ICD-10 Code (*Required*): 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

**PART D: Insurance Billing Information:**

*Send Bill to:* Patient: \_\_\_\_\_ Insurance: \_\_\_\_\_

Name of Primary Insurance CO \_\_\_\_\_ Insured ID \_\_\_\_\_ Group # \_\_\_\_\_

Relationship to Insured Self  Spouse  Child  Other

Insured's Name \_\_\_\_\_ Insured Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

***Please Attach: 1) A copy of the front/back of patient's insurance card(s) or 2) Printout patient demographics and insurance information from your EHR***

**PART E: Biopsy Specimen Information:**

No. of Container(s): \_\_\_\_\_

A: \_\_\_\_\_ D: \_\_\_\_\_ NOTE:

B: \_\_\_\_\_ E: \_\_\_\_\_

C: \_\_\_\_\_ F: \_\_\_\_\_

**PART F: Cytology Specimen Information:**

# of Container(s): \_\_\_\_\_ # of slides: \_\_\_\_\_

**1: Urine:** Cytology \_\_\_\_\_ FISH \_\_\_\_\_ Feulgen Stain \_\_\_\_\_ IHC Stain (CK17) \_\_\_\_\_

UTI Panel + Antibiotic Resistance Panel by PCR \_\_\_\_\_ (*Please submit in sterile urine container or Cytolyte*)

Voided: \_\_\_\_\_ Instrument: \_\_\_\_\_

**2: Thyroid:** Site A: \_\_\_\_\_ Site B: \_\_\_\_\_ Site C: \_\_\_\_\_

(*Please prep 1-2 air dried slide and make additional passes to put in Cytolyte*)

**3: Breast:** Site A: \_\_\_\_\_ Site B: \_\_\_\_\_ Cystic: \_\_\_\_\_ Solid: \_\_\_\_\_

(*Please put all aspiration material in Cytolyte*)

**4: Other:** \_\_\_\_\_ Site: \_\_\_\_\_ (*Please prep 1-2 air dried slide and make additional passes to put in Cytolyte*)

**FOR LAB USE ONLY:**

Receiving Date: \_\_\_\_\_ Time: \_\_\_\_\_ Accession# \_\_\_\_\_ Note: \_\_\_\_\_