



**BILLING INFORMATION
(MUST BE CHECKED)**

- ACCOUNT
- PATIENT
- INSURANCE
- IN-PT. OUT-PT.
- _____

PATIENT INFORMATION

SOCIAL SECURITY NO. REQUIRED

PATIENT NAME: LAST FIRST MI CLIENT REF #

SEX M F DATE OF BIRTH DATE COLLECTED REQUESTING PHYSICIAN (REQUIRED) UPIN

ADDITIONAL COPY OF REPORT TO: (ADDRESS REQUIRED) ADDRESS CITY STATE ZIP

BILLING INFORMATION PLEASE COMPLETE BILLING & INSURANCE INFORMATION - ATTACH COPY OF INS. CARD(S)

ADDRESS REQUIRED FOR ALL PATIENTS

BC/BS BGFH HUMANA AETNA UHC KY UHC OTHER

POLICY ID#

ADDRESS (INCLUDE APT #) APT. # GROUP INSURANCE NAME

CITY STATE ZIP CODE INSURANCE ADDRESS

TELEPHONE NO. HOME TELEPHONE NO. WORK CITY/STATE ZIP

RESPONSIBLE PARTY/POLICYHOLDER (IF OTHER THAN PATIENT)

ADDRESS (INCLUDE APT #)

CITY STATE ZIP CODE

EMPLOYER

RELATIONSHIP TO YOU: SELF SPOUSE OTHER _____

KENPAC DR. _____ KENPAC # _____

PATIENT OR POLICYHOLDER SIGNATURE: _____

PROVIDE ALL INFORMATION REQUESTED BELOW

Postoperative diagnosis, or chief reason for surgery:
ICD-9 codes required

Have there been any previous tissues or smears related to this specimen sent to this laboratory?
 YES, DATE IF KNOWN _____ NO DON'T KNOW

PAP SPECIMEN SUBMITTED TODAY WITH BIOPSY SPECIMEN.
 YES NO

I. Breast Specimens: Attach copy of mammogram report and specimen mammogram, if possible.

II. Placenta: Attach completed Placental Information Form.

Please list all tissues submitted:	Type of Tissue/Procedure	Exact Anatomic Site	Complete For GYN Specimens
			LMP _____
			G ____ P ____ A ____
			Hormones: _____

Please check:

(GO) GROSS - ONLY (FS) FROZEN SECTION (GM) ROUTINE REPORT HPV - HYBRID CAPTURE 2 RUSH (CALL) Report

DO NOT WRITE BELOW - FOR LABORATORY USE ONLY!

88300 GO	S04	88312 SS1X1	88342 IMX1	88329 CONSU	88332 FS	88173 FNAINT
88302 GM02	S05	88612 SS1X2	88632 IMX2	88331 FS1	88321 CON1	88337 TPFS
88304 GM04	G05	88613 SS1X3	88633 IMX3	98331 FS1X2	88323 CON2	88338 TPA
88305 GM05	I05	88313 SS2X1	88634 IMX4	98333 FS1X3	88325 CON3	88500 VET
88307 GM07	GU05	88622 SS2X2		98334 FS1X4	88170 FNAASP	
88309 GM09	88311 DECAL	88623 SS2X3	HPV		88172 FNAAD	