|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PATIENT INFORMATION (PLEASE PRINT)** | | |  | | |
| **PATIENT NAME: LAST FIRST MI** | | | CLIENT REF # | | **SOCIAL SECURITY NO.** |
| **GENDER**  **□ M**  **□ F** | **DATE OF BIRTH** | **DATE COLLECTED** | **PATIENT RACE** | | REQUESTING DDS/DMD/MD |
| NEW INSURANCE INFORMATION IF CHANGED SINCE PROCEDURE DOS | | | □ BC/BS □ BGFH □ HUMANA □ AETNA □ UHC KY □ UHC OTHER | | |
|  | | | POLICY ID # | | |
| ADDRESS (INCLUDE APT #) APT # | | | GROUP | | INSURANCE NAME |
| CITY STATE ZIP CODE | | | INS. ADDRESS | | |
| TELEPHONE NO. HOME TELEPHONE NO. ALT | | | CITY/STATE ZIP | | |
| **RESPONSIBLE PARTY/POLICYHOLDER (IF OTHER THAN PATIENT)** | | | □ MEDICARE ID# | | |
| ADDRESS (INCLUDE APT #) | | | □ MEDICAID ID# | | |
| CITY STATE ZIP CODE | | |
| **PROVIDE ALL INFORMATION REQUESTED BELOW FOR BREAST SPECIMENS** | | | | | |
| ⃝ **RAPID CANCER PANEL**  **(Includes BRAF, KRAS, NRAS, EGFR, NTRK1**  **and Met/ALK1-TPM3/ROS1 GENE FUSIONS)**  **PCL CASE NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ORIGINAL COLLECTION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_**  **DATE OF REQUEST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mandatory Signature ⇒**  Non-compliance prevents processing  of the specimen  **PCL Billing Office Use Only**  Insurance verified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PreAuthorization Info:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials : \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PCL Internal Use Only** Histotech: \_\_\_\_\_\_\_\_\_\_\_\_\_  Specimen Type ⃝ FNA/needle core (curls) ⃝ Solid Tumor (punch)  Tumor burden % \_\_\_\_\_\_\_\_\_\_\_\_ Tumor burden % \_\_\_\_\_\_\_\_\_\_ ⃝ Curls cut  Number of Curls at 10µ \_\_\_\_\_\_\_ Necrosis % \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⃝ Punch  Pathologist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ ⃝ Packaged for Molecular: \_\_\_\_\_\_\_\_\_ | | | | Clinical history and postoperative diagnosis including ICD-10:  **SIGNATURE AND DATE**  **Clinician’s Order for Additional Testing on this Patient Sample** | |

P & C Labs already has insurance on file for the date of service (DOS) related to the procedure on which this testing will be performed. You only need to send new insurance information if the patient’s coverage has changed since that date.