



BILLING INFORMATION  
 (MUST BE CHECKED)  
 ACCOUNT  
 PATIENT  
 INSURANCE  
 IN-PT.  OUT-PT.  
 \_\_\_\_\_

**PATIENT INFORMATION (PLEASE PRINT)**

PATIENT NAME: LAST FIRST MI CLIENT REF # SOCIAL SECURITY NO. REQUIRED

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

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

**PLEASE COMPLETE BILLING & INSURANCE INFORMATION - ATTACH COPY OF INS. CARD OR DEMOGRAPHICS SHEET**

**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 INS. ADDRESS

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

RESPONSIBLE PARTY/POLICYHOLDER (IF OTHER THAN PATIENT)

ADDRESS (INCLUDE APT #)  MEDICARE ID# ABN REQUIRED

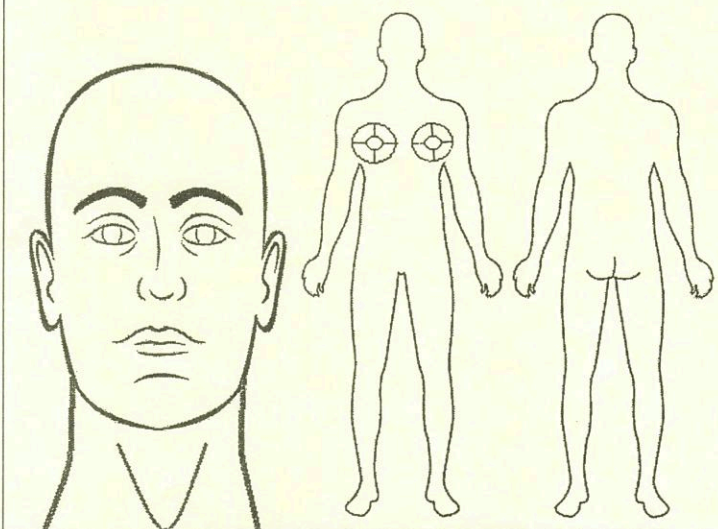
CITY STATE ZIP CODE  MEDICAID ID#  MCO ID#

**PROVIDE ALL INFORMATION REQUESTED BELOW FOR FNA/NON-GYN OR BIOPSY SPECIMENS**

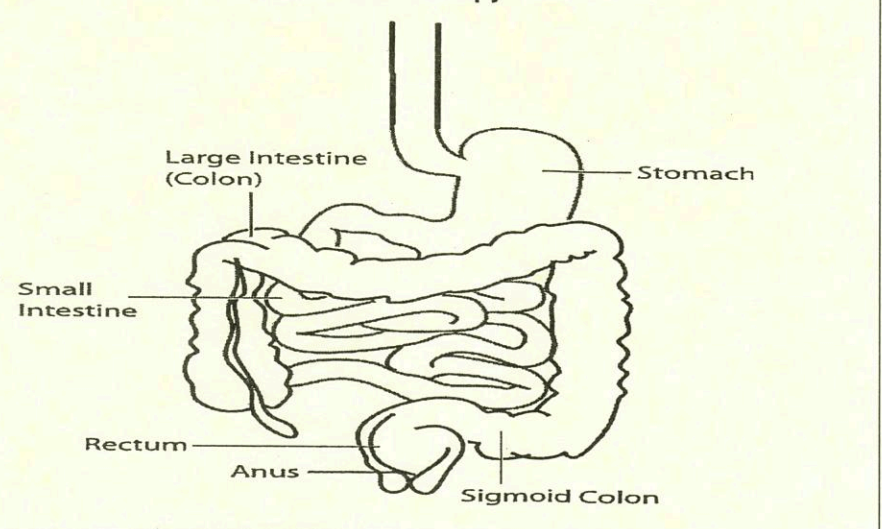
Postoperative diagnosis or chief reason for surgery:  
 ICD-10 codes required

Please designate specimen location on diagram(s) with letter of specimen from list below. FNA/NonGyn specimens, PLEASE USE ONE REQUISITION PER SPECIMEN

**Head/Neck FNA and Biopsy Procedures**



**EGD and Colonoscopy Procedures**



**FNA SPECIMEN TYPE ANATOMIC LOCATION**

SOLID MASS  SPUTUM  RIGHT

CYSTIC MASS  P.B. SPUTUM  LEFT

PAROTID/SALIVARY  BRONCH WASH  UPPER LOBE

LYMPH NODE  BRONCH BRUSH  MIDDLE LOBE

THYROID  CATH URINE  LOWER LOBE

BREAST ASP.  VOIDED URINE

LUNG  BLADDER WASH NO. OF SPECIMENS SUBMITTED: \_\_\_\_\_

LIVER  PERICARDIAL SPECIMEN (FLUID) VOLUME: \_\_\_\_\_

PANCREAS  PERITONEAL

OTHER \_\_\_\_\_  PLEURAL

ABDOMEN

PELVIC WASH

BREAST CYST DRAINAGE

NIPPLE SMEAR

OTHER (LIST): \_\_\_\_\_

**List Specimens Below:**

A: \_\_\_\_\_

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

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

D: \_\_\_\_\_

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

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

G: \_\_\_\_\_

**FOR LABORATORY USE ONLY - BELOW THIS LINE**

88300	88305	88311	88329	88341	88360	88112	88333 Specimen Preparations
88302	88307	88312	88331	88342	10021	88172	88334 <input type="checkbox"/> Thin Prep <input type="checkbox"/> Cell Block
88304	88309	88313	88332	88344	88104	88173	88499 <input type="checkbox"/> Cytospin <input type="checkbox"/> Smears <input type="checkbox"/> Other