End ZREQPRT/1?

PATHOLOGY & CYTOLOGY LABORATORIES
CHIPPS, CAFFREY & DUBILIER, P.S.C.

290 BIG RUN ROAD
LEXINGTON, KY 40503-2903
(859) 278-9513
WATS 1-800-264-0514
FAX 1-859-277-6063

ACCESSION NUMBER

BILLING INFORMATION (MUST BE CHECKED)
☐ ACCOUNT
☐ PATIENT
☐ INSURANCE
☐ IN-PT. ☐ OUT-PT.
☐ _____

USE ADDRESSOGRAM STAMP HERE

PATIENT INFORMATION (PLEASE PRINT)

SOCIAL SECURITY NO. REQUIRED

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

SEX ☐ M ☐ F	DATE OF BIRTH	DATE COLLECTED	REQUESTING PROVIDER (REQUIRED)	DATE	TIME

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

ADDRESS (INCLUDE APT #) APT. #

CITY STATE ZIP code

TELEPHONE NO. HOME TELEPHONE NO. WORK

PROVIDER SIGNATURE AND DATE REQUIRED

_____

☐ BC/BS ☐ BGFH ☐ HUMANA ☐ AETNA ☐ UHC KY ☐ UHC OTHER

POLICY ID#

GROUP INSURANCE NAME

INS. ADDRESS

CITY/STATE ZIP

☐ MEDICARE ID#
ABN REQUIRED

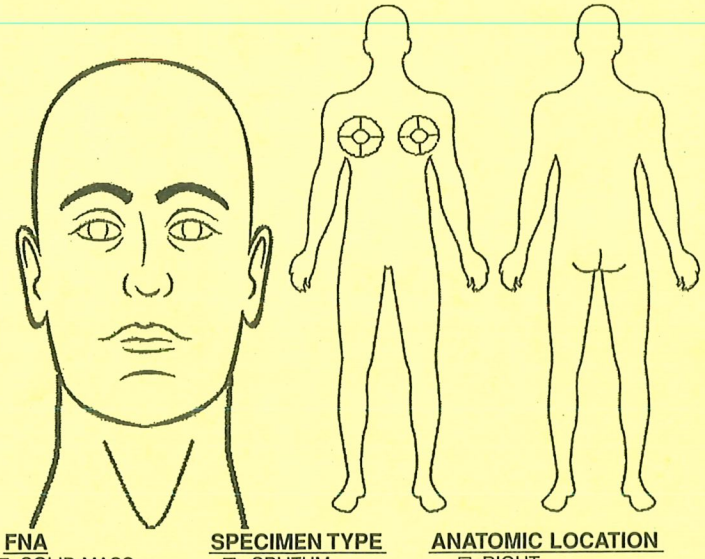
☐ MEDICAID ID#
☐ MCO ID#

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

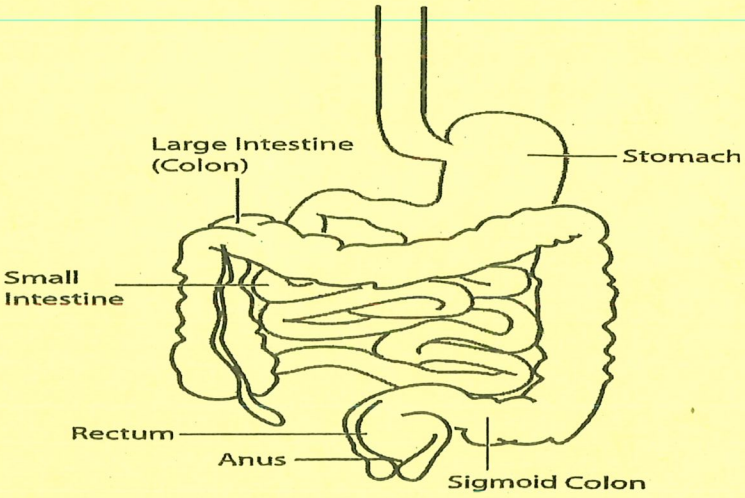
Postoperative diagnosis or chief reason for surgery:
ICD-10 codes required

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
- ☐ SOLID MASS
- ☐ CYSTIC MASS
- ☐ PAROTID/SALIVARY
- ☐ LYMPH NODE
- ☐ THYROID FNA ONLY
- ☐ THYROID AND MOLECULAR REFLEX IF ATYPICAL
- ☐ BREAST ASP.
- ☐ LUNG
- ☐ LIVER
- ☐ PANCREAS
- ☐ OTHER _____

SPECIMEN TYPE
- ☐ SPUTUM
- ☐ P.B. SPUTUM
- ☐ BRONCH WASH
- ☐ BRONCH BRUSH
- ☐ CATH URINE
- ☐ VOIDED URINE
- ☐ BLADDER WASH
- ☐ PERICARDIAL
- ☐ PERITONEAL
- ☐ PLEURAL
- ☐ ABDOMEN
- ☐ PELVIC WASH
- ☐ BREAST CYST DRAINAGE
- ☐ NIPPLE SMEAR
- ☐ OTHER (LIST):_____

ANATOMIC LOCATION
- ☐ RIGHT
- ☐ LEFT
- ☐ UPPER LOBE
- ☐ MIDDLE LOBE
- ☐ LOWER LOBE

NO. OF SPECIMENS SUBMITTED:_____

SPECIMEN (FLUID) VOLUME:_____

List Specimens Below:

A: _____

B: _____

C: _____

D: _____

E: _____

F: _____

G: _____

PCL COPY