



**SPOKANE** (509) 892-2700/(888) 814-6277  
 FAX (509) 892-2740  
**TUKWILA** (425) 646-0922/(877) 288-0922  
 FAX (425) 646-0925  
**RICHLAND** (509) 392-5920/(833) 369-7268  
 FAX (509) 866-5020

LAB NUMBER

<b>CHART #/MRN</b>	<b>DATE OF COLLECTION</b>	<b>SEX</b> <input type="checkbox"/> M <input type="checkbox"/> F
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**PATIENT'S NAME (Last Name, First Name, Middle Initial)**

**ADDRESS**

<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>PHONE</b>
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<b>PATIENT SOCIAL SECURITY #</b>	<b>PATIENT BIRTHDATE</b>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Please write N/A if SSN is unavailable	

<b>COPY TO:</b>	First Name	Last Name	Location/Phone
1			
2			

**INSURANCE DETAILS (Attach Front/Back Copy of Insurance Card)**

INSURANCE NAME: \_\_\_\_\_ POLICY/SUBSCRIBER ID #: \_\_\_\_\_ PREAUTHORIZATION NUMBER: \_\_\_\_\_

CLAIMS ADDRESS: \_\_\_\_\_ GROUP #: \_\_\_\_\_

NO INSURANCE, BILL PATIENT  
 CLINIC DIRECT BILL

REQUIRED SPECIMEN INFORMATION				ICD-10 CODE(S)	PLEASE INDICATE DIAGNOSIS CODE(S) RELATING TO THE CURRENT PROCEDURE
DATE OF COLLECTION	TIME	BREAST TISSUE REMOVED	TIME	BREAST TISSUE PLACED IN FORMALIN	
		<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	

SPECIMEN SITE	CLINICAL HISTORY/DIAGNOSIS (size, color, shape, distribution, duration, history of change, etc.)
A	
B	
C	
D	
E	
F	
G	

**PREVIOUS TISSUE SENT TO OTHER LAB?**  
 YES  NO  
 (If yes, please attach copy of report)

**LAB USE**

DATE RECEIVED  
 | |  
 BILLING CODES

PREP \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

**CYTOLOGY**

Fine Needle Aspiration, Source: \_\_\_\_\_

Cyst Contents, Source: \_\_\_\_\_

Respiratory Cytology:  Sputum  BAL  Brushing  
 Washings, Location/Laterality: \_\_\_\_\_

Effusion Fluid:  Pleural, Laterality:  Left  Right  
 Ascites Location: \_\_\_\_\_

Urologic Cytology:  
 Cystoscopy Fluid  Bladder Washing  Barbotage  
 Pelvic Washings: \_\_\_\_\_  
 Other: \_\_\_\_\_