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

CHART #/MRN | **DATE OF COLLECTION** | **SEX** ☐ M ☐ F

PATIENT'S NAME (Last Name, First Name, Middle Initial)

ADDRESS

CITY **STATE** **ZIP** **PHONE**

PATIENT SOCIAL SECURITY # (Please write N/A if SSN is unavailable) **PATIENT BIRTHDATE**

☐ Steps Site(s) _____ ☐ Pathologist Interpretation ☐ Slide Prep Only ☐ Consultation

COPY TO:

First Name Last Name Location/Phone

INSURED'S NAME (Attach Copy of Insurance Card)

RELATIONSHIP TO PATIENT: ☐ Self ☐ Spouse ☐ Child ☐ Other

POLICY # GROUP # / EMPLOYER

INSURANCE PLAN NAME OR PROGRAM NAME

☐ Bill Office/ Clinic ☐ VA Choice
☐ No Insurance ☐ Group Health ☐ Asuris ☐ Molina ☐ Aetna
☐ Medicare ☐ Regence of WA ☐ Premera ☐ CHPW ☐ Tricare
☐ United Healthcare ☐ Regence of ID ☐ First Choice (Group # Req.) _____
☐ Cigna (Group # Req.) ☐ Blue Cross ☐ Medicaid (State) _____
Other _____

ICD-10 CODE(S) REQUIRED PLEASE INDICATE DIAGNOSIS CODE(S) RELATING TO THE CURRENT PROCEDURE

PREAUTHORIZATION NUMBER

PREVIOUS TISSUE SENT TO OTHER LAB? ☐ No ☐ Yes (Please attach copy of report)

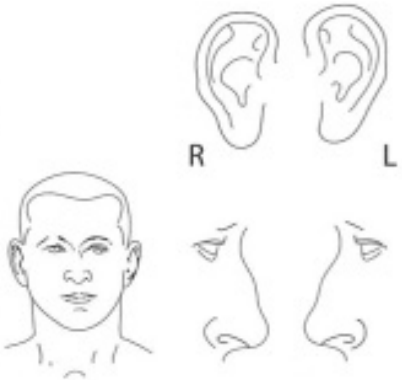
LAB USE
DATE RECEIVED
BILLING CODES
PREP _____

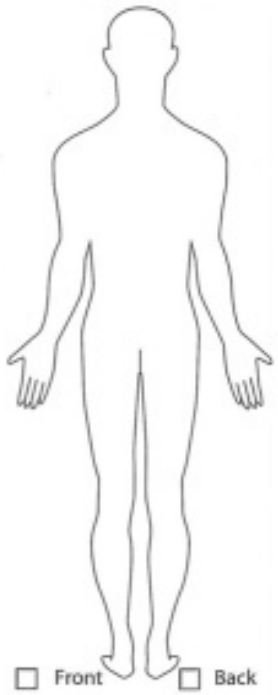
SPECIMEN SITE	BIOPSY TYPE	Clinical History/DX (size, color, shape, distribution, duration, history of change, etc.)
A	☐ Punch ☐ Shave ☐ Excision ☐ Other _____	
B	☐ Punch ☐ Shave ☐ Excision ☐ Other _____	
C	☐ Punch ☐ Shave ☐ Excision ☐ Other _____	
D	☐ Punch ☐ Shave ☐ Excision ☐ Other _____	
E	☐ Punch ☐ Shave ☐ Excision ☐ Other _____	
F	☐ Punch ☐ Shave ☐ Excision ☐ Other _____	
G	☐ Punch ☐ Shave ☐ Excision ☐ Other _____	
H	☐ Punch ☐ Shave ☐ Excision ☐ Other _____	

Formalin-fixed tissue cannot be processed for immunofluorescence

AFFIX LABEL(S) TO SPECIMEN CONTAINER(S) WITH FULL PATIENT NAME AND SPECIMEN SITE

D081450 Pt. Name: _____ | D081450 Pt. Name: _____ | D081450 Pt. Name: _____
D081450 Pt. Name: _____ | D081450 Pt. Name: _____ | D081450 Pt. Name: _____





☐ Front ☐ Back

FREQUENTLY USED DIAGNOSIS CODES **DERMATOLOGY**

DISEASES DUE TO VIRUSES

VIRAL WARTS

ANOGENITAL [VENEREAL]	A63.0
PLANTAR WART	B07.0
OTHER	B07.8
UNSPECIFIED	B07.9

INFECTIONS OF SKIN AND SUBCUTANEOUS TISSUE

ABSCESS	
FACE	L02.01
NECK	L02.11
TRUNK	
ABDOMINAL WALL	L02.211
BACK , EXCEPT BUTTOCK	L02.212
BUTTOCK	L02.31
CHEST WALL	L02.213
GROIN	L02.214
PERINEUM	L02.215
UMBILICUS	L02.216
UPPER ARM AND FOREARM	
AXILLA	
RIGHT	L02.411
LEFT	L02.412
UPPER LIMB	
RIGHT	L02.413
LEFT	L02.414
HAND, EXCEPT FINGERS	
RIGHT	L02.511
LEFT	L02.512
LOWER LIMB, EXCEPT FOOT	
RIGHT	L02.415
LEFT	L02.416
FOOT, EXCEPT TOES	
RIGHT	L02.611
LEFT	L02.612
PILONDIAL CYST	
WITH ABSCESS	L05.01
W/O ABSCESS	L05.91
PILONDIAL SINUS	
WITH ABSCESS	L05.02
W/O ABSCESS	L05.92
PYOGENIC GRANULOMA	L88
UNSPECIFIED INFECTION	L08.9

OTHER INFLAMMATORY CONDITIONS OF SKIN

ATOPIC DERMATITIS AND RELATED CONDITIONS	
BESNIER'S PRURIGO	L20.0
ATOPIC NEURODERMATITIS	L20.81
FLEXURAL ECZEMA	L20.82
INFANTILE ECZEMA	L20.83
INTRINSIC (ALLERGIC) ECZEMA	L20.84
OTHER ATOPIC DERMATITIS	L20.89
UNSPECIFIED	L20.9
CONTACT DERMATITIS	
UNSPECIFIED NATURE	L25.9
DUE TO COSMETICS	L25.0
DUE TO DRUGS IN CONTACT W/ SKIN	L25.1
DUE TO DYES	L25.2
DUE TO OTHER CHEMICAL PRODUCTS	L25.3
DUE TO FOOD IN CONTACT W/ SKIN	L25.4
DUE TO PLANTS, EXCEPT FOOD	L25.5
DUE TO OTHER AGENTS	L25.8
DERMATITIS,OTHER	
DUE TO SOLAR RADIATION POLYMORPHOUS LIGHT ERUPTION	L56.4
OTHER SPECIFIED ACUTE SKIN CHANGES DUE TO ULTRAVIOLET RADIATION	L56.8
OTHER CHGS DUE TO CHRONIC EXPOSURE TO NON IONIZING RADIATION	L57.8
DERMATITIS, UNSPECIFIED	L30.9
FOLLICULITIS	
BOCKHART'S IMPETIGO	L01.02
PERIFOLLICULITIS CAPITIS ABSCEDENS	L66.3
OTHER SPEC FOLLICULAR DISORDERS	L73.8
LICHEN	
PLANOPILARIS	L66.1
HYPERTROPHIC LICHEN PLANUS	L43.0
BULLOUS LICHEN PLANUS	L43.1
LICHENOID DRUG REACTION	L43.2
SUBACUTE (ACTIVE) LICHEN PLANUS	L43.3
OTHER LICHEN PLANUS	L43.8
LICHEN PLANUS, UNSPECIFIED	L43.9
LICHEN SIMPLEX CHRONICUS	L28.0
PRURIGO NODULARIS	L28.1
PSORIASIS	
OTHER	L40.8
VULGARIS	L40.0
GENERALIZED PUSTULAR	L40.1
ACRODERMATITIS CONTINUA	L40.2
PUSTULOSIS PALMARIS ET PLANTARIS	L40.3
GUTTATE	L40.4
ARTHROPATHIC, UNSPECIFIED	L40.50
DISTAL INTERPHALANGEAL PSORIATIC ARTHROPATHY	L40.51
PSORIATIC ARTHRITIS MUTILANS	L40.52
PSORIATIC SPONDYLITIS	L40.53
PSORIATIC JUVENILE ARTHROPATHY	L40.54
OTHER PSORIATIC ARTHROPATHY	L40.59
ROSACEA	
PERIORAL DERMATITIS	L71.0
RHINOPHYMA	L71.1
OTHER	L71.8
UNSPECIFIED	L71.9
SEBORRHEA CAPITIS	L21.0
SEBORRHEIC INFANTILE DERMATITIS	L21.1
SEBORRHIC DERMATITIS, OTHER	L21.8
SEBORRHEIC DERMATITIS, UNSPECIFIED	L21.9
XEROSIS CUTIS	L85.3

OTHER DISEASES OF SKIN AND SUBCUTANEOUS TISSUE

ACTINIC KERATOSIS	L57.0
DYSCHROMIA	
DISORDER OF PIGMENTATION, UNSPEC	L81.9
POSTINFLAMMATORY HYPERPIGMENT	L81.0
CHLOASMA	L81.1
FRECKLES	L81.2
CAFE AU LAIT SPOTS	L81.3
OTHER MELANIN HYPERPIGMENTATION	L81.4
LEUKODERMA, NEC	L81.5
OTHER DISORDERS OF DIMINISHED MELANIN FORMATION	L81.6
PIGMENTED PURPURIC DERMATOSIS	L81.7
OTHER SPECIFIED DISORDERS OF PIGMENTATION	L81.8
LIPOMA	
SKIN	
FACE, HEAD, NECK	D17.0
TRUNK	D17.1
LIMB	
ARM, RIGHT	D17.21
ARM, LEFT	D17.22
LEG, RIGHT	D17.23
LEG, LEFT	D17.24
UNSPECIFIED LIMB	D17.20
OTHER SITES	D17.39
UNSPECIFIED SITE	D17.30
GENITOURINARY ORGAN	D17.72
SEBACEOUS CYST	L72.3
SEBORRHEIC KERATOSIS	
INFLAMED	L82.0
OTHER	L82.1

NEOPLASM, BENIGN

LIP	
MELANOCYTIC	D22.0
OTHER BENIGN NEOPLASM	D23.0
EYELID, INCLUDING CANTHUS	
RIGHT	
MELANOCYTIC	D22.11
OTHER BENIGN NEOPLASM	D23.11
LEFT	
MELANOCYTIC	D22.12
OTHER BENIGN NEOPLASM	D23.12
EAR AND AUDITORY CANAL	
RIGHT	
MELANOCYTIC	D22.21
OTHER BENIGN NEOPLASM	D23.21
LEFT	
MELANOCYTIC	D22.22
OTHER BENIGN NEOPLASM	D23.22
FACE, OTHER PARTS	
OTHER PARTS	
MELANOCYTIC	D22.39
OTHER BENIGN NEOPLASM	D23.39
SCALP AND NECK	
MELANOCYTIC	D22.4
OTHER BENIGN NEOPLASM	D23.4
TRUNK, EXCEPT SCROTUM	
MELANOCYTIC	D22.5
OTHER BENIGN NEOPLASM	D23.5
UPPER LIMB, INCLUDING SHOULDER	
RIGHT	
MELANOCYTIC	D22.61
OTHER BENIGN NEOPLASM	D23.61
LEFT	
MELANOCYTIC	D22.62
OTHER BENIGN NEOPLASM	D23.62
LOWER LIMB, INCLUDING HIP	
RIGHT	
MELANOCYTIC	D22.71
OTHER BENIGN NEOPLASM	D23.71
LEFT	
MELANOCYTIC	D22.762
OTHER BENIGN NEOPLASM	D23.72

CARCINOMA IN SITU

LIP	D04.0
EYELID, INCLUDING CANTHUS	
RIGHT	D04.11
LEFT	D04.12
EAR AND AUDITORY CANAL	
RIGHT	D04.21
LEFT	D04.22
FACE	
OTHER PARTS	D04.30
UNSPECIFIED PART	D04.39
SCALP AND NECK	D04.4
TRUNK, EXCEPT SCROTUM	C04.5
UPPER LIMB, INCLUDING SHOULDER	
RIGHT	D04.61
LEFT	D04.62
LOWER LIMB, INCLUDING HIP	
RIGHT	D04.71
LEFT	D04.72

NEOPLASM, PRIMARY MALIGNANCY

LIP	
BASAL CELL CARCINOMA	C44.01
SQUAMOUS CELL CARCINOMA	C44.02
OTHER SPEC MALIGNANT NEOPLASM	C44.09
UNSPEC MALIGNANT NEOPLASM	C44.00
EYELID, INCLUDING CANTHUS	
BASAL CELL CARCINOMA	
RIGHT EYELID	C44.112
LEFT EYELID	C44.119
SQUAMOUS CELL CARCINOMA	
RIGHT EYELID	C44.122
LEFT EYELID	C44.129
OTHER SPEC MALIGNANT NEOPLASM	
RIGHT EYELID	C44.192
LEFT EYELID	C44.199
UNSPECIFIED MALIGNANT NEOPLASM	
RIGHT EYELID	C44.102
LEFT EYELID	C44.109
EAR AND EXTERNAL AUDITORY CANAL	
BASAL CELL CARCINOMA	
RIGHT	C44.212
LEFT	C44.219
SQUAMOUS CELL CARCINOMA	
RIGHT	C44.222
LEFT	C44.229
OTHER SPEC MALIGNANT NEOPLASM	
RIGHT	C44.292
LEFT	C44.299
UNSPEC MALIGNANT NEOPLASM	
RIGHT	C44.202
LEFT	C44.209
FACE	
BASAL CELL CARCINOMNA	
NOSE	C44.311
OTHER PARTS OF FACE	C44.319
SQUAMOUS CELL CARCINOMA	
NOSE	C44.321
OTHER PARTS	C44.320
OTHER SPEC MALIGNANT NEOPLASM	
NOSE	C44.391
OTHER PARTS	C44.399
UNSPEC MALIGNANT NEOPLASM	
NOSE	C44.301
OTHER PARTS	C44.309
SCALP AND NECK	
BASAL CELL CARCINOMA	C44.41
SQUAMOUS CELL CARCINOMA	C44.42
OTHER SPEC MALIGNANT NEOPLASM	C44.49
UNSPEC MALIGNANT NEOPLASM	C44.40
TRUNK EXCEPT SCROTUM	
ANAL	
BASAL CELL CARCINOMA	C44.510
SQUAMOUS CELL CARCINOMA	C44.520
OTHER SPEC MALIGN NEOPLASM	C44.590
UNSPEC MALIGNANT NEOPLASM	C44.500
BREAST	
BASAL CELL CARCINOMA	C44.511
SQUAMOUS CELL CARCINOMA	C44.521
OTHER SPEC MALIGN NEOPLASM	C44.591
UNSPEC MALIGNANT NEOPLASM	C44.501
OTHER PART OF TRUNK	
BASAL CELL CARCINOMA	C44.519
SQUAMOUS CELL CARCINOMA	C44.529
OTHER SPEC MALIGN NEOPLASM	C44.599
UNSPEC MALIGNANT NEOPLASM	C44.509
UPPER LIMB, INCLUDING SHOULDER	
BASAL CELL CARCINOMA	
RIGHT UPPER LIMB	C44.612
LEFT UPPER LIMB	C44.619
SQUAMOUS CELL CARCINOMA	
RIGHT UPPER LIMB	C44.622
LEFT UPPER LIMB	C44.629
OTHER SPEC MALIGNANT NEOPLASM	
RIGHT UPPER LIMB	C44.692
LEFT UPPER LIMB	C44.699
UNSPEC MALIGNANT NEOPLASM	
RIGHT UPPER LIMB	C44.602
LEFT UPPER LIMB	C44.609
LOWER LIMB, INCLUDING HIP	
BASAL CELL CARCINOMA	
RIGHT LOWER LIMB	C44.712
LEFT LOWER LIMB	C44.719
SQUAMOUS CELL CARCINOMA	
RIGHT LOWER LIMB	C44.722
LEFT LOWER LIMB	C44.729
OTHER SPEC MALIGN NEOPLASM	
RIGHT LOWER LIMB	C44.792
LEFT LOWER LIMB	C44.799
UNSPECIFIED MALIGNANT NEOPLASM	
RIGHT LOWER LIMB	C44.702
LEFT LOWER LIMB	C44.709

NEOPLASM, SECONDARY MALIGNANCY

LIP	D04.0
EYELID, INCLUDING CANTHUS	
RIGHT EYELID	D04.11
LEFT EYELID	D04.12
EAR AND EXTERNAL AUDITORY CANAL	
RIGHT	D04.21
LEFT	D04.22
FACE	
OTHER PARTS OF FACE	D04.30
UNSPECIFIED PART	D04.39
SCALP AND NECK	D04.4
TRUNK	D04.5
UPPER LIMB, INCLUDING SHOULDER	
RIGHT UPPER LIMB	D04.61
LEFT UPPER LIMB	D04.62
LOWER LIMB, INCLUDING HIP	
RIGHT	D04.71
LEFT	D04.72
SQUAMOUS CELL CARCINOMA	C44.711
RIGHT LOWER LIMB	C44.722
LEFT LOWER LIMB	C44.729
OTHER SPEC MALIGN NEOPLASM	
RIGHT LOWER LIMB	C44.792
LEFT LOWER LIMB	C44.799
UNSPECIFIED MALIGNANT NEOPLASM	
RIGHT LOWER LIMB	C44.702
LEFT LOWER LIMB	C44.709

MELANOMA, PRIMARY MALIGNANCY

LIP	C43.0
EYELID, INCLUDING CANTHUS	
RIGHT	C43.11
LEFT	C43.12
EAR AND AUDITORY CANAL	
RIGHT	C43.21
LEFT	C43.22
FACE	
OTHER PARTS	C43.39
UNSPECIFIED PART	C43.30
SCALP AND NECK	C43.4
TRUNK, EXCEPT SCROTUM	
ANAL	C43.51
BREAST	C43.52
OTHER PART	C43.59
UPPER LIMB, INCLUDING SHOULDER	
RIGHT	C43.61
LEFT	C43.62
LOWER LIMB, INCLUDING HIP	
RIGHT	C43.71
LEFT	C43.72

MELANOMA IN SITU

LIP	D03.0
EYELID, INCLUDING CANTHUS	
RIGHT	D03.11
LEFT	D03.12
EAR AND AUDITORY CANAL	
RIGHT	D03.21
LEFT	D03.22
FACE	
OTHER PARTS	D03.39
UNSPECIFIED PART	D03.30
SCALP AND NECK	D03.4
TRUNK, EXCEPT SCROTUM	
ANAL	D03.51
BREAST	D03.52
OTHER PART	D03.59
UPPER LIMB, INCLUDING SHOULDER	
RIGHT	D03.61
LEFT	D03.62
LOWER LIMB, INCLUDING HIP	
RIGHT	D03.71
LEFT	D03.72

NEOPLASM, UNCERTAIN BEHAVIOR

SKIN	D48.5

NEOPLASM OF UNSPECIFIED NATURE

SKIN, SOFT TISSUE, BONE	D49.2

PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM

MALIGNANT MELANOMA	Z85.820
MERKEL CELL CARCINOMA	Z85.821
OTHER MALIGNANT NEOPLASM	Z85.828