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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 #

PATIENT BIRTHDATE

COPY TO: First Name Last Name Location/Phone

1

2

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 ☐ Kaiser ☐ 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

PREAUTHORIZATION NUMBER

REQUIRED SPECIMEN INFORMATION

DATE OF COLLECTION TIME BREAST TISSUE REMOVED TIME BREAST TISSUE PLACED IN FORMALIN

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

SPECIMEN SITE

CLINICAL HISTORY/DIAGNOSIS (size, color, shape, distribution, duration, history of change, etc.)

PREVIOUS TISSUE SENT TO OTHER LAB?

☐ YES ☐ NO

(If yes, please attach copy of report)

A

B

C

D

E

F

G

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: