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 FAX (509) 892-2740
BELLEVUE (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 <input type="checkbox"/> M <input type="checkbox"/> F
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PATIENT'S NAME (Last Name, First Name, Middle Initial)

ADDRESS

CITY	STATE	ZIP	PHONE
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Photomicrograph Requested

PATIENT SOCIAL SECURITY # <small>Please write N/A if SSN is unavailable</small>	PATIENT BIRTHDATE
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COPY TO:

First Name	Last Name	Location
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INSURED'S NAME (If other than patient) (Last name, First name, Middle initial)

INSURANCE PLAN OR PROGRAM NAME

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

ADDRESS

CITY	STATE	ZIP	PHONE
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INSURANCE NUMBERS MUST BE INCLUDED **ATTACH COPY OF MEDICAL INSURANCE**

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

Previous Tissue to our Lab?
 Yes No

TISSUE / BIOPSY / SPECIMEN	LOCATION	COLLECTION
A _____	<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	<input type="checkbox"/> EXCISION <input type="checkbox"/> ASPIRATION
B _____	<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	<input type="checkbox"/> EXCISION <input type="checkbox"/> ASPIRATION
C _____	<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	<input type="checkbox"/> EXCISION <input type="checkbox"/> ASPIRATION

LAB USE	DATE RECEIVED
	BILLING CODES
	PREP _____

CLINICAL INFORMATION:

SPECIMEN SKIN
 A B C
 PIGMENTED LESION (Rule out melanoma)
 NON-PIGMENTED LESION (Verrucous/Carcinoma)
 DERMATITIS (Eczematous/Tinea)
 ULCERATION (Malignancy/Vasculitis)
 OTHER _____

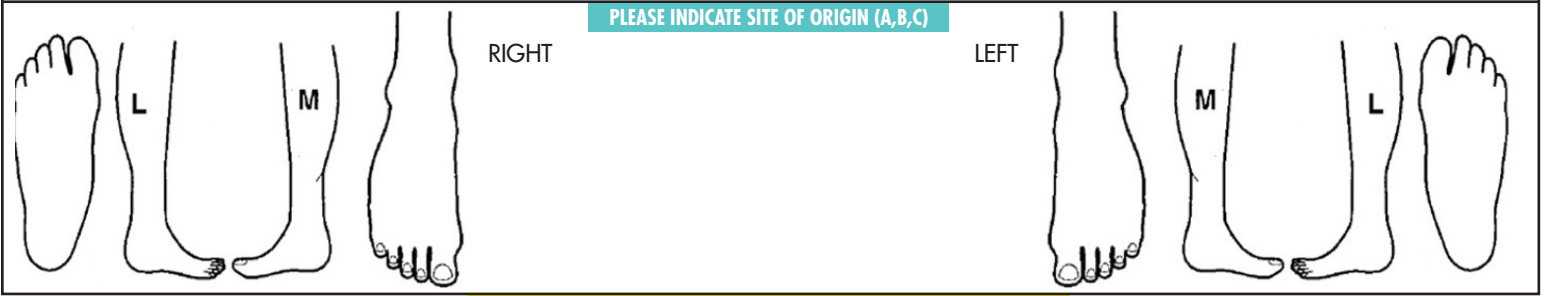
SPECIMEN SOFT TISSUE
 A B C
 MASS (Ganglion/Lipoma/Sarcoma)
 INFLAMMATORY (Tophus/Abscess)
 OTHER _____
 Check for Crystals

SPECIMEN BONE
 A B C
 ARTHRITIS (HAV/Hammer Toe/DJD/RA)
 LYTIC/DESTRUCTIVE (Osteomyelitis/Neoplasm)
 OTHER _____
 Check Margins

SPECIMEN NAIL UNIT
 A B C
 NAIL UNIT DYSTROPHY (Onychomycosis/Trauma)
 HISTOPATHOLOGY with Special Stain (PAS) for Fungus

RULE OUT NEOPLASIA
 PIGMENTED STREAK/LESION (R/O Melanoma)
 NON-PIGMENTED LESION (Verrucous/Carcinoma)

ADDITIONAL CLINICAL INFORMATION (size, color, shape, distribution, duration, drugs, history of change etc.)



AFFIX LABEL(S) TO SPECIMEN CONTAINER(S) WITH FULL PATIENT NAME AND SPECIMEN SITE Podiatry Rev 4/2019 ID000127