CAP-LAB

Surgical Pathology • Dermatopathology • Cytopathology
Hematopathology

Accredited by the College of American Pathologists

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CLIA 88 ID # 23D0922810
Director: John Paul Jones, M.D.

Specimen Collection Date:

Histology

- ❑ Tissue/Complete CAP Lab Interpretation
- ❑ Slide Preparation Only
- ❑ Consultation/Second Opinion

Source

A. _____
B. _____
C. _____
D. _____
E. _____
F. _____

Cytology

Non-GYN: ❑ Fluid ❑ Slides ❑ FNA

Source: _____

GYN:
Source: ❑ Cervix ❑ Endocervix ❑ Vaginal
Collected: ❑ **Thin Prep** ❑ **Sure Path**
LMP: _____ Month _____ Day _____ Year _____

HISTORY:

❑ Last Pap Normal _____ Date _____
❑ Previous Abnormal Pap _____ Date _____

- ❑ High Risk Patient
- ❑ AUB
- ❑ BCP (Birth control Pills)
- ❑ Carcinoma
- ❑ Chemotherapy/Radiation Rx
- ❑ Hormone Rx
- ❑ Hysterectomy - Total
- ❑ Hysterectomy - Subtotal (cervix present)
- ❑ Post Menopause
- ❑ Post Partum
- ❑ Pregnancy

REQUIRED: ❑ Screening Pap ❑ Diagnostic Pap for:

Flow Cytometry

- ❑ Lymphoma/Leukemia panel — Source: _____
- ❑ Absolute T-cells subsets, CD4/CD8 } requires (1) fresh EDTA tube of blood (4 ml.)
- ❑ Other _____

Please indicate nature of specimen and include clinical history. Keep peripheral blood at room temperature. All other specimens need to be kept cool.

Molecular

- ❑ GC DNA Only - Source: _____
- ❑ Chlamydia DNA Only - Source: _____
- ❑ Chlamydia & GC DNA - Source: _____
- ❑ HPV Typing **(insurance may not cover this cost)**
- ❑ Fish
- ❑ HPV if ASCUS
- ❑ Urovysion
- ❑ HER2NEU
- ❑ Other _____

PATIENT'S NAME LAST FIRST MIDDLE

PATIENT SS # | SEX | DATE OF BIRTH

FACILITY IDENTIFICATION NUMBER | PHONE #

RESPONSIBLE PARTY'S NAME AND ADDRESS | BILL TO:

STREET ADDRESS

CITY | STATE | ZIP

PRIMARY INSURANCE NAME

IDENTIFYING #'S

ADDRESS

Patient is:
❑ SUBSCRIBER
❑ SPOUSE
❑ OTHER DEPENDENT

Insured DOB _____

SECONDARY INSURANCE NAME

IDENTIFYING #'S

ADDRESS

Patient is:
❑ SUBSCRIBER
❑ SPOUSE
❑ OTHER DEPENDENT

Insured DOB _____

Requesting Physician, Office Address, Tel. #, Acct. #

REQUIRED: ICD-9 CODE:

Primary Care Physician:

Consulting Copies To:

Pre OP DX:

Post OP DX:

Procedure:

Pertinent Patient History and Diagnosis (Required):

Date Received	# Received	Tech Initials	LAB #

PHYSICIAN NOTICE

Advanced Beneficiary Notice: Physicians and/or caregivers are required to review the Advanced Beneficiary Notice with all MEDICARE patients. Patients should review and complete the notice on the reverse side of this page. Medical Necessity: When ordering tests which MEDICARE reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

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