SPOKANE
(509) 892-2700/(888) 814-6277
FAX (509) 892-2740
BELLEVUE
(425) 646-0922/(888) 814-6277
FAX (425) 646-0925

LAB NUMBER

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

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

ADDRESS

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

☐ Photomicrograph Requested

PATIENT SOCIAL SECURITY # **PATIENT BIRTHDATE**

Please write N/A if SSN is unavailable

COPY TO:

First Name Last Name Location

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

ADDRESS

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

INSURANCE PLAN 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 ____________

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 ____________	☐ LEFT ☐ RIGHT	☐ EXCISION ☐ ASPIRATION
B ____________	☐ LEFT ☐ RIGHT	☐ EXCISION ☐ ASPIRATION
C ____________	☐ LEFT ☐ RIGHT	☐ EXCISION ☐ ASPIRATION

LAB USE
DATE RECEIVED
BILLING CODES
PREP ____________

CLINICAL INFORMATION:

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

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

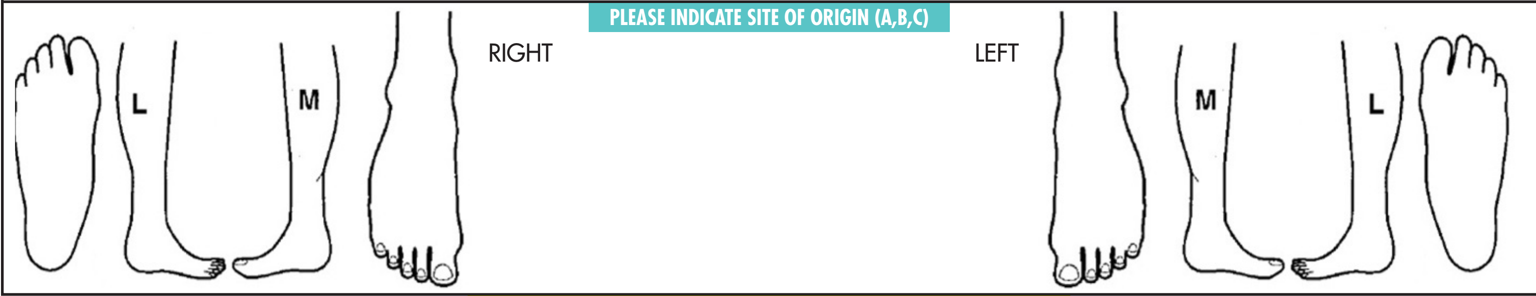
SPECIMEN A B C
BONE
☐ ☐ ☐ ARTHRITIS (HAV/Hammer Toe/DJD/RA)
☐ ☐ ☐ LYTIC/DESTRUCTIVE (Osteomyelitis/Neoplasm)
☐ *Check Margins*
☐ ☐ ☐ OTHER ____________

SPECIMEN A B C
NAIL UNIT
NAIL UNIT DYSTROPHY (Onchomycosis/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.)

PLEASE INDICATE SITE OF ORIGIN (A,B,C)



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