



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
		<input type="checkbox"/> M <input type="checkbox"/> F

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

ADDRESS

CITY	STATE	ZIP	PHONE

Photomicrograph Requested

PATIENT SOCIAL SECURITY #	PATIENT BIRTHDATE	COPY TO:
<input type="text"/>	<input type="text"/>	First Name <input type="text"/> Last Name <input type="text"/> Location <input type="text"/>

**INSURANCE DETAILS (Attach Front/Back Copy of Insurance Card) If patient is a minor, provide copy of a parent's insurance card**

INSURANCE NAME:	POLICY/SUBSCRIBER ID #:	VA AUTHORIZATION #	<input type="checkbox"/> NO INSURANCE, BILL PATIENT <input type="checkbox"/> CLINIC DIRECT BILL
CLAIMS ADDRESS:	GROUP #:		

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

**Previous Tissue to our Lab?**  
 Yes  No

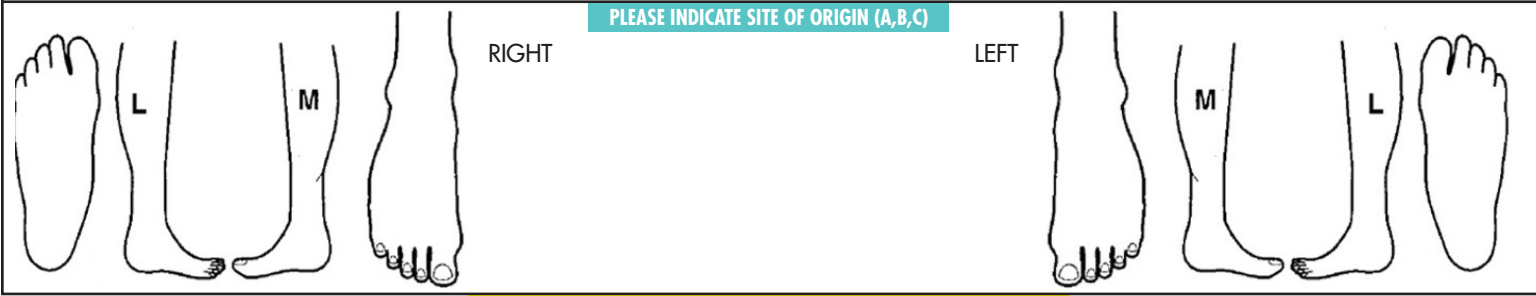
TISSUE / BIOPSY / SPECIMEN	LOCATION	COLLECTION
A _____	<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	<input type="checkbox"/> EXCISION <input type="checkbox"/> ASPIRATION
B _____	<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	<input type="checkbox"/> EXCISION <input type="checkbox"/>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

LAB	DATE RECEIVED
	BILLING CODES
USE	PREP _____

**CLINICAL INFORMATION:**

<b>SPECIMEN SKIN</b> A B C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIGMENTED LESION (Rule out melanoma) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NON-PIGMENTED LESION (Verrucous/Carcinoma) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DERMATITIS (Eczematous/Tinea) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ULCERATION (Malignancy/Vasculitis) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER _____	<b>SPECIMEN BONE</b> A B C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ARTHRITIS (HAV/Hammer Toe/DJD/RA) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LYTIC/DESTRUCTIVE (Osteomyelitis/Neoplasm) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>Check Margins</i>
<b>SPECIMEN SOFT TISSUE</b> A B C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MASS (Ganglion/Lipoma/Sarcoma) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> INFLAMMATORY (Tophus/Abscess) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>Check for Crystals</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER _____	<b>SPECIMEN NAIL UNIT</b> A B C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NAIL UNIT DYSTROPHY (Onychomycosis/Trauma) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HISTOPATHOLOGY with Special Stain (PAS) for Fungus <b>RULE OUT NEOPLASIA</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIGMENTED STREAK/LESION (R/O Melanoma) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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