

REQUIRED ITEMS

1. Clinical Information 2. ICD 10 Codes 3. Face Sheet (Front and Back Copy of the Patient's Insurance Card and Demographic Information) 4. Provider's Signature

PATIENT INFORMATION

Last Name _____
 First Name _____ M.I. _____
 DOB ____/____/____ Gender: Male Female Other _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Patient ID _____

PROVIDER INFORMATION

Authorized Provider Signature _____ Date _____
 Please Fax Duplicate Report to Additional Provider _____ Fax _____

BILLING INFORMATION

Bill to: Insurance Medicare Referring Facility (Hospital/Client) Split Billing - Client (TC) and Insurance (PC) Patient
 Patient Status: Inpatient (Hospital) Outpatient (Hospital) Non-Hospital ASC Prior Authorization # _____

CLINICAL INFORMATION

Indication(s) for Testing: _____

 ICD-10 Codes: _____

SPECIMEN INFORMATION

Date Collected ____/____/____
 Specimen ID _____

SPECIAL INSTRUCTIONS
FOR MORE TESTING INFORMATION, VISIT COREPATH.US
SAMPLE LOCATION/PERTINENT HISTORY/CLINICAL DIAGNOSIS

A/1	<input type="checkbox"/> Punch <input type="checkbox"/> Curettage <input type="checkbox"/> Include Margins in Report <input type="checkbox"/> Shave Biopsy	<input type="checkbox"/> Shave Removal <input type="checkbox"/> Excision <input type="checkbox"/> Other: _____	
B/2	<input type="checkbox"/> Punch <input type="checkbox"/> Curettage <input type="checkbox"/> Include Margins in Report <input type="checkbox"/> Shave Biopsy	<input type="checkbox"/> Shave Removal <input type="checkbox"/> Excision <input type="checkbox"/> Other: _____	
C/3	<input type="checkbox"/> Punch <input type="checkbox"/> Curettage <input type="checkbox"/> Include Margins in Report <input type="checkbox"/> Shave Biopsy	<input type="checkbox"/> Shave Removal <input type="checkbox"/> Excision <input type="checkbox"/> Other: _____	
D/4	<input type="checkbox"/> Punch <input type="checkbox"/> Curettage <input type="checkbox"/> Include Margins in Report <input type="checkbox"/> Shave Biopsy	<input type="checkbox"/> Shave Removal <input type="checkbox"/> Excision <input type="checkbox"/> Other: _____	
E/5	<input type="checkbox"/> Punch <input type="checkbox"/> Curettage <input type="checkbox"/> Include Margins in Report <input type="checkbox"/> Shave Biopsy	<input type="checkbox"/> Shave Removal <input type="checkbox"/> Excision <input type="checkbox"/> Other: _____	
F/6	<input type="checkbox"/> Punch <input type="checkbox"/> Curettage <input type="checkbox"/> Include Margins in Report <input type="checkbox"/> Shave Biopsy	<input type="checkbox"/> Shave Removal <input type="checkbox"/> Excision <input type="checkbox"/> Other: _____	
G/7	<input type="checkbox"/> Punch <input type="checkbox"/> Curettage <input type="checkbox"/> Include Margins in Report <input type="checkbox"/> Shave Biopsy	<input type="checkbox"/> Shave Removal <input type="checkbox"/> Excision <input type="checkbox"/> Other: _____	
H/8	<input type="checkbox"/> Punch <input type="checkbox"/> Curettage <input type="checkbox"/> Include Margins in Report <input type="checkbox"/> Shave Biopsy	<input type="checkbox"/> Shave Removal <input type="checkbox"/> Excision <input type="checkbox"/> Other: _____	

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