

Pathology # _____ Billing # _____

Date Received _____ MR # _____

Hospital _____

SS # _____ SEX: _____ DOB: _____ Maiden Name: _____

Name: Last: _____ First: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Ins.: _____ Cert: _____ Grp: _____

Ins.: _____ Cert: _____ Grp: _____

Responsible Party (if child): _____ Employer: _____

PHYSICIAN (S): _____ DATE COLLECTED: _____

DR'S OFFICE CHART NUMBER _____ IN PT () OUT PT () SDS ()

TISSUE: _____ PREOP DX: _____

CLINICAL HX: _____ F.S. DX: Time received: _____ Time reported: _____

DO NOT WRITE BELOW THIS LINE (For Lab Use Only)

SURGICAL PATHOLOGY CHARGES

236	Level I	88300 x _____	Special Stain Group II	88313 x _____
530	Level II	88302 x _____	538 Iron	x _____ 543 WS - BM x _____
531	Level III	88304 x _____	535 Masson	x _____ 536 Mucin x _____
532	Level IV	88305 x _____	327 Amyloid	x _____ 539 Reticulin x _____
533	Level V	88307 x _____	039 PAS - D	x _____
534	Level VI	88309 x _____	Special Stain Group I	88312 x _____
	Bone Marrow	85097 x _____	526 AFB	x _____ 528 PAS x _____
	BM Supplies (TASST)	88399 x _____	544 Gram	x _____ 549 Diff Quik x _____
240	Frozen Section	88331 x _____	304 Decalcification	88311 x _____
546	Additional Frozen. Section	88332 x _____	138 Non Breast Estrogen Receptor	88342 x _____
690	Path Viewing	88329 x _____	139 Non Breast Progesterone Receptor	88342 x _____
904	Dry Wt. Iron (Qual)	83540 x _____	147 Non Breast HER2neu Receptor	88342 x _____
900	DNA/BL	88182 x _____	137 Non Breast DNA/BL	88182 x _____
423	Estrogen Receptor	88360x _____		
424	Progesterone Receptor	88360 x _____		
202	HER-2-neu Receptor	88360 x _____		
077	FISH- breast	88367 x _____		
	X-Ray Interp. Mammo	76098-7726 x _____		

DX. CODES: _____