

HISTOLOGY & NON-GYN CYTOLOGY REQUISITION

YPMG

**YOSEMITE PATHOLOGY
MEDICAL GROUP, INC.**
2625 Coffee Road, Suite S
Modesto, CA 95355
(209) 577-1200
In California 1-888-644-YPMG

Accession Number

(LAB USE ONLY)

Client Name and Address

NOTE: CA TITLE 17 (SEC. 1050) REQUIRES THE PHYSICIAN TO PROVIDE PATIENT'S DOB, SOURCE OF SPECIMEN, LMP, HISTORY, THERAPY AND SLIDE / VIAL LABELED APPROPRIATELY.

Type of Billing: Patient Insurance Medicare Medi-Cal

Date Collected	Patient Name (Last)	(First)	(M.I.)	ICD - DX CODE	Birth Date (Required)	Sex
Social Security No. (Required)	MRN#	Responsible Party Telephone		Requesting Physician		
Street Address/Apt.#		City	State	Zip		

PLEASE ATTACH FRONT AND BACK COPY OF INSURANCE CARD.

NON-GYN CYTOLOGY SPECIMEN: _____

- BRONCHIAL BRUSHINGS URINE SPUTUM ASCITES/PARACENTESIS PLEURAL FLUID/THORACENTESIS
 BRONCHIAL WASHINGS BREAST DISCHARGE/FLUID CSF FNA: _____ OTHER _____

CLINICAL INFORMATION
PATIENT HISTORY/PERTINENT DATA

PRE-OP DIAGNOSIS: _____

OPERATIVE PROCEDURE: _____

TISSUE(S) SUBMITTED: _____

DIAGNOSIS: _____

COMMENTS: _____

FOR LAB USE ONLY	
TECH.	PATH.
Adequacy:	
Hormonal:	
Gen. Category:	
Interpretation:	
Comment:	
NAME _____	NAME _____

SERVICE(S) PERFORMED
(FOR LAB USE ONLY)

<p>TISSUES</p> <input type="checkbox"/> 88300 PATH LEVEL 1 X ____ <input type="checkbox"/> 88302 PATH LEVEL 2 X ____ <input type="checkbox"/> 88304 PATH LEVEL 3 X ____ <input type="checkbox"/> 88305 PATH LEVEL 4 X ____ <input type="checkbox"/> 88307 PATH LEVEL 5 X ____ <input type="checkbox"/> 88309 PATH LEVEL 6 X ____ <input type="checkbox"/> 88331 FROZEN SECTION X ____ <input type="checkbox"/> 88332 ADDL FROZEN X ____ <input type="checkbox"/> 88329 CONSULT DURING SURG X ____ <input type="checkbox"/> 88342 IMMUNOHISTO/EA ANTIGEN X ____ <input type="checkbox"/> 88361 MORPH. TUMOR EXAM X ____ <input type="checkbox"/> 88189 FLOW CYTOMETRY MARKER X ____ <input type="checkbox"/> 88368 IN / SITU / HYBRIDIZATION	<p>BONE MARROW</p> <input type="checkbox"/> 85097 BM ASP & INTERP X ____ <input type="checkbox"/> 88305 BM BIOPSY & INTERP X ____ <input type="checkbox"/> 38221 STAIN & INTERP ONLY X ____ <input type="checkbox"/> 88305 INTERP ONLY X ____ <input type="checkbox"/> 38220 STAIN & PREP ONLY X ____ <p>STAINS</p> <input type="checkbox"/> 88311 DECAL X ____ <input type="checkbox"/> 88312 STAIN GRP I X ____ <input type="checkbox"/> 88313 STAIN GRP II X ____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> 99000 TRANSPORT CHARGE X ____
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