



4301 Northstar Way, Modesto, CA 95356  
 888.644.YPMG (9764)  
 www.ypmg.com

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 - TWO (2) IDENTIFIERS.

Date Collected:		Patient Name:		Birth Date:	Sex:
Street Address/Apt #:			City:	State:	Zip:
Responsible Party Phone #:		Social Security No.:	MRN #:	Physician Performing Procedure:	
Type of Billing: <input type="checkbox"/> Patient <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Client <input type="checkbox"/> Slide Prep Only (Please attach a copy of the front and back of the patients insurance card.)		Diagnosis Codes:			

**CLINICAL HISTORY** **COPY TO PHYSICIAN(S)**

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**CYTOLOGY SPECIMEN(S)**

Cytology Specimen: \_\_\_\_\_

<input type="checkbox"/> Ascites/Paracentesis	<input type="checkbox"/> CSF	<input type="checkbox"/> FNA: _____
<input type="checkbox"/> Breast Discharge/Fluid	<input type="checkbox"/> Pleural Fluid/Thoracentesis	_____
<input type="checkbox"/> Bronchial Brushings	<input type="checkbox"/> Sputum	
<input type="checkbox"/> Bronchial Washings	<input type="checkbox"/> Urine	

**HISTOLOGY SPECIMEN(S)**

Time Placed in Formalin: \_\_\_\_\_

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

**COMMENTS**

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<b>SERVICE(S) PERFORMED (FOR LAB USE ONLY)</b>		YQ1234567
<b>TISSUES</b> <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"/> 88329 CONSULT DURING SURG X _____ <input type="checkbox"/> 88331 FROZEN SECTION X _____ <input type="checkbox"/> 88332 ADDL FROZEN X _____ <input type="checkbox"/> 88361 MORPH. TUMOR EXAM X _____ <input type="checkbox"/> 88189 FLOW CYTOMETRY MARKER X _____	<b>STAINS</b> <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"/> 88342 IMMUNOHISTO/EA ANTIGEN X _____ <input type="checkbox"/> 88309 IN SITU HYBRIDIZATION X _____ <input type="checkbox"/> 99000 TRANSPORT CHARGE X _____
		□ OTHER:

Pt. Name: _____	Pt. Name: _____	Pt. Name: _____	Pt. Name: _____
Source: _____	Source: _____	Source: _____	Source: _____
YQ1234567	YQ1234567	YQ1234567	YQ1234567