YOSEMITE PATHOLOGY™
PRECISION PATHOLOGY®
Quality diagnostics for optimum patient care

HISTOLOGY
NONGYN CYTOLOGY

888.644.YPMG (9764)

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: ☐ Patient ☐ Insurance ☐ Client **Please attach front and back of insurance card or Demographics sheet**		Diagnosis Codes:	Copy To Physician(s):	

☐ Global (Technical and Professional Component) ☐ Technical Component (TC) Only ☐ Professional Component (PC) Only

STAT/CRITICAL RESULTS INFORMATION

Please include a direct phone number for our pathologist to deliver critical or STAT result(s):

Contact Name: _____ Contact Phone Number: _____

CLINICAL INFORMATION

NON-GYN CYTOLOGY

NON-GYN CYTOLOGY SPECIMEN: _____

☐ Ascites/Paracentesis
☐ Breast Discharge/Fluid
☐ Bronchial Brushings
☐ Bronchial Washings
☐ CSF
☐ FNA: _____
☐ Pleural Fluid/Thoracentesis
☐ Sputum
☐ Thyroid ☐ Reflex to molecular for atypical/postiive
☐ Urine
☐ Other: _____
☐ Chlamydia/Gonorrhea (CT/NG) Molecular test ☐ Mycoplasma genitalium (M.gen) ☐ Uro17
☐ Trichomonas Test (Trich) ☐ **UroVysion (Bladder Cancer) FISH Reflex for:** ☐ Atypical ☐ Positive

TISSUE SPECIMENS

TIME COLLECTED: _____

TIME PLACED IN FORMALIN: _____

TISSUE(S) SUBMITTED:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

SERVICE(S) PERFORMED (FOR LAB USE ONLY)

TISSUES

☐ 88300 PATH LEVEL 1 X ____
☐ 88302 PATH LEVEL 2 X ____
☐ 88304 PATH LEVEL 3 X ____
☐ 88305 PATH LEVEL 4 X ____
☐ 88307 PATH LEVEL 5 X ____
☐ 88309 PATH LEVEL 6 X ____
☐ 88329 CONSULT DURING SURG X ____
☐ 88331 FROZEN SECTION X ____
☐ 88332 ADDL FROZEN X ____
☐ 88361 MORPH. TUMOR EXAM X ____
☐ 88189 FLOW CYTOMETRY MARKER X ____

STAINS

☐ 88311 DECAL X ____
☐ 88312 STAIN GRP I X ____
☐ 88313 STAIN GRP II X ____
☐ 88342 IMMUNOHISTO/EA ANTIGEN X ____
☐ 88309 IN SITU HYBRIDIZATION X ____

☐ OTHER:
☐ 99000 TRANSPORT CHARGE X ____