ANATOMIC PATHOLOGY SERVICES

VCU Health System
Virginia Commonwealth University
MCV Hospitals and Physicians

Pathology Laboratories
(804) 828-PATH (7284)

ACCOUNT INFORMATION

ATTACH ONE LABEL TO EACH SPECIMEN

MEDICAL RECORD NUMBER: **LAB USE ONLY** | SSN:

PATIENT NAME: LAST, FIRST MI

ADDRESS: | APT #:/ ROOM #: | DOB: __ __ / __ __ / __ __ __ __ | GENDER: ☐ MALE ☐ FEMALE

CITY: | STATE: | ZIP: | PHONE: | AGE: YRS _____ MOS _____ | RACE: ☐ BLACK ☐ WHITE ☐ OTHER

INSURANCE CO. NAME: | ADDRESS:

SUBSCRIBER NO.: | GROUP NO.: | SUBSCRIBER: ☐ SELF ☐ SPOUSE ☐ OTHER POLICYHOLDER NAME _____

MEDICARE NO.: ☐ PRIMARY ☐ SECONDARY * | MEDICAID NO.:

FOR OUTPATIENTS ONLY: IS THERE A PLANNED HOSPITAL ADMISSION WITHIN THE NEXT THREE DAYS? ☐ NO ☐ YES, IF YES PROVIDE NAME OF HOSPITAL: _____ ☐ **INPATIENT** ☐ **OUTPATIENT**

SPECIMEN DATE: | COLLECTION TIME: ___ ___ ___ ___ ☐ AM ☐ PM | INITIALS: _____

PHYSICIAN:

VCUHS ACCESSION # **LAB USE ONLY**

IF REFERRAL OR PRE-AUTHORIZATION IS REQUIRED PLEASE ATTACH COPY OF INSURANCE CARD & REFERRAL.

REFERRAL #

AUTHORIZATION

PLEASE SEND COPY OF REPORT TO:
FACILITY: _____
PHYSICIAN: _____

DERMATOPATHOLOGY SERVICES

- ☐ 88305 Skin Biopsy/Excision *(List Source & Data on right)*
- ☐ 88346 Immunofluorescent Studies
- ☐ 88313 Slides for Special stains
- ☐ 88321 Dermpath Consultation

Other:

LIST SOURCES OF SPECIMENS

Date: Time:	REQUIRED FIELD Dx Codes (ICD Codes)
#1	
#2	
#3	
#4	
#5	

☐ **1510 OR Client: Office Chart #** _____

SURGICAL PATHOLOGY SERVICES

- ☐ BIOPSY, ROUTINE ☐ Small ☐ Routine ☐ Minor
- ☐ 88305 Breast Biopsy
  - ☐ 88342 ER Hormone Receptor
  - ☐ 88342 PR Hormone Receptor
- ☐ 85095 Bone Marrow Aspirate
- ☐ 85097 Bone Marrow Aspirate Interpretation
- ☐ 85102 Bone Marrow Biopsy
- ☐ 88305 Bone Marrow Biopsy Interpretation
  - ☐ Flow Cytometry: Specify _____
  - ☐ Cytogenetics: Specify _____
  - ☐ Special Stains: Specify _____
- ☐ 88313 Iron Stain
- ☐ 88342 Immunoperoxidase Studies
- ☐ 88305 Kidney Biopsy
- ☐ 88305 Liver Biopsy
- ☐ 88305 Lymph Node Biopsy
- ☐ 88305 Muscle Biopsy, General
- ☐ 88305 Muscle Biopsy, Neuropath
- ☐ 88305 Peripheral Nerve Biopsy
- ☐ 88305 Prostate Needle Biopsy
- ☐ 88321 Pathology Consultation
  - ☐ Slides #____
  - ☐ Blocks #____
  - ☐ Special Instructions: ⇒

SIGNIFICANT CLINICAL DATA (Required)

THIS FIELD REQUIRED

Slides and materials submitted are stored by VCUHS as mandated by JCAHO/CAP, etc.

Other Requests or Special Instructions:

ORIGINAL

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DEPARTMENT COPY

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AP-LAB FORM (01/2006)

DOCTOR'S OFFICE COPY