



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.

Form with fields: 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), Diagnosis Codes, Copy To Physician(s), Global (Technical and Professional Component), Technical Component (TC) Only, Professional Component (PC) Only.

CLINICAL INFORMATION

NON-GYN CYTOLOGY

NON-GYN CYTOLOGY SPECIMEN: \_\_\_\_\_

- Ascites/Paracentesis, Breast Discharge/Fluid, Bronchial Brushings, Bronchial Washings, CSF, Pleural Fluid/Thoracentesis, Sputum, Urine, Uro17, FNA, UroVysion (Bladder Cancer) FISH Reflex for: Atypical, Positive.

TISSUE SPECIMENS

TISSUE(S) SUBMITTED:

TIME PLACED IN FORMALIN: \_\_\_\_\_

- 1-12 numbered lines for tissue submission and formalin time.

SERVICE(S) PERFORMED (FOR LAB USE ONLY)

- TISSUES: 88300-88309 PATH LEVEL 1-6 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.