# Collecting Path/Cyto Specimens in Office

### Laboratory Education

for Physician Office Staff

### **Completion of Form**

### ALL REQUESTED INFORMATION MUST BE PROVIDED AND LEGIBLE.

THE LABORATOR			Histo spec #
Date Collected/			
Physician signature	·		×
Ordering Physician		Nurse	
Pre-op diagnosis/IC	D-9 (for insurance purpos	ses- be specific and detailed)	
Post-op diagnosis/l	CD-9		
Pertinent history/pre	evious surgery		
Specimen(s) / Site			
	PATIEN	JT BILLING INFORMATIO	DN.
	PATIEN (Hosp use)	IT BILLING INFORMATIO	DN .
	(Hosp use)		DN .
□ M □ F			
M D F Physician Name	(Hosp use)	Copy of Reports to	P Last Frist
M F Physician Name Patient Name	(Hosp use)	Copy of Reports to	P Last Phone
M F Physician Name Patient Name	(Hosp use)	Copy of Reports to  Family Physician and/or PC	P Last Phone
M F Physician Name Patient Name Last Address	(Hosp use)	Copy of Reports to  Family Physician and/or PC	P Last Phone
M F Physician Name Patient Name  Last Address Patient S.S. #	(Hosp use)	Copy of Reports to  Family Physician and/or PC	Phone Phone
Age F Physician Name Patient Name Last Address Patient S.S. # Employer Name Address	(Hosp use)	Copy of Reports to  Family Physician and/or PC	Phone Phone
M FPhysician Name Patient Name Last Address Patient S.S. # Employer Name Address	(Hosp use)	Copy of Reports to  Family Physician and/or PC	Phone Phone
M F Physician Name Patient Name Last Address  Address  Employer Name Address Name of Insured	(Hosp use)	Copy of Reports to  Family Physician and/or PC	Phone Phone Directors Medicare #
M F Physician Name Patient Name Address Patient S.S. # Employer Name	(Hosp use)	Copy of Reports to  Family Physician and/or PC	Phone Phone Directors Medicare #

If received specimen is not correctly labeled or request form is not complete, the specimen will be rejected and returned to the sending office for correction. The delay in processing will be dependent upon the receipt of corrected information.

-Cyto/Path Policy

Attaching a patient demographic data sheet is acceptable. Please verify that requested information is present and labeled on the demographic sheet.

When attaching a demographic sheet, please write the patient name on the lab form, matching the name on sheet provided. This ensures proper identification of lab order.

### Specimen Preparation

#### Container

- Place tissue specimen in provided formalin preservative.
- Place cytology fluids in provided Cytolyt fixative.
- If more than one specimen, use separate containers for each.

#### **Label Specimen**

- Complete name (last, first)
- Date of birth
- Site/location of specimen
- Date of collection

Multiple specimens can be listed on patient form.

Information on label MUST match information on the lab form.

## Thank you for completing the Collecting Path/Cyto Specimens in Office educational module.

Please <u>press HERE</u> to return to the main menu.