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SURGICAL PATHOLOGY MEDICAL CYTOLOGY REQUESTS

PATIENT IDENTIFICATION

PATIENT NUMBER:				DATE ORDERED:				BY:			
<input type="checkbox"/> ROUTINE		<input type="checkbox"/> Male		PATIENT AGE:				DATE DONE:		TECH:	
<input type="checkbox"/> STAT		<input type="checkbox"/> Female									
NAME:				DATE OF BIRTH:				CLINICAL DIAGNOSIS:			
ADDRESS:						SURGICAL PROCEDURE / CYTOLOGY FLUID SITE:					
CITY:			STATE:		ZIP CODE:		PREVIOUS SURGERY:				
PHYSICIAN:				INSURANCE COMPANY:				POLICY NUMBER:			

INSTRUCTIONS FOR HANDLING SPECIMENS ARE AVAILABLE IN THE SURGICAL SUITE.

DIRECT ANY SPECIMEN QUESTIONS TO HISTOLOGY (EXTENSION 7181)

TEST DONE √	CHARGE DESCRIPTION	CHARGE CODE	CPT	TEST DONE √	CHARGE DESCRIPTION	CHARGE CODE	CPT
	CYTOLOGY FLUIDS DIRECT SMEAR	30-28537	88104		DECALCIFICATION	30-28628	88311
	CYTOLOGY FLUIDS FILTER / SMEAR	30-28511	88107		SPECIAL STAINS GR-I (Micro Organisms)	30-28636	88312
	CYTOSPIN	30-42504	88108		SPECIAL STAINS GR-II	30-28644	88313
	FINE NEEDLE ASPIRATION INTERPRETATION	30-42512	88173		CONSULTATION DURING SURGERY	30-42553	88329
	SURGICAL PATH SPECIMEN LEVEL I (Gross Only)	30-61579	88300		FROZEN SECTION	30-28669	88331
	SURGICAL PATH SPECIMEN LEVEL II	30-71230	88302		FROZEN SECTION EACH ADDITIONAL TISSUE BLOCK	30-42520	88332
	SURGICAL PATH SPECIMEN LEVEL III	30-42561	88304		IMMUNOHISTOCHEMICAL STAINS <input type="checkbox"/> PH <input type="checkbox"/> Ref Lab	30-42454	88342
	SURGICAL PATH SPECIMEN LEVEL IV	30-28594	88305		RENAL BIOPSY	BXREN	88305 88348 88346 x3
	CELL BLOCK	30-28529	88305		MUSCLE BIOPSY	30-49178	88355
	SURGICAL PATH SPECIMEN LEVEL V	30-42546	88307		CHROMA VISION	----	88358
	SURGICAL PATH SPECIMEN LEVEL VI	30-28693	88309		PERIPHERAL SMEAR INTERPRETATION	----	85060
					BONE MARROW ASPIRATION / INTERPRETATION	30-53196	85097

COMMENTS: _____

PATHOLOGIST:	, MD	DATE:	# OF SLIDES:	SPECIMEN #:
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