

Your Hospital's Logo Here

|               |  |  |        |  |           |      |  |  |   |                     |   |   |                     |     |          |         |      |
|---------------|--|--|--------|--|-----------|------|--|--|---|---------------------|---|---|---------------------|-----|----------|---------|------|
| P<br>T<br>#   |  |  |        |  |           |      |  |  |   |                     | AGE   | C<br>L<br>I<br>N<br>I<br>C<br>A<br>L<br><br>H<br>I<br>S<br>T<br>O<br>R<br>Y | DATE                | BY: | ROUTINE: | TECH:   | DATE |
|               |  |  |        |  |           |      |  |  |   |                     | SEX <input type="checkbox"/> M <input type="checkbox"/> F |   | ORD:                |     | STAT:    | PRE-OP: |      |
| NAME:         |  |  |        |  |           |      |  |  |   | DATE OF BIRTH:      |   |   | CLINICAL DIAGNOSIS: |     |          |         |      |
| ADDRESS:      |  |  |        |  |           |      |  |  |   | SURGICAL PROCEDURE: |   |   |                     |     |          |         |      |
| CITY:         |  |  | STATE: |  |           | ZIP: |  |  | PREV. SURGERY (Relevant to this Evaluation) |                     |   |   |                     |     |          |         |      |
| PHYSICIAN:    |  |  |        |  |           |      |  |  |   |                     |   |   |                     |     |          |         |      |
| INSURANCE CO: |  |  |        |  | POLICY #: |      |  |  |   |                     |   |   |                     |     |          |         |      |

**NOTE:** Instructions for handling specimens are available in the surgical suite. Contact lab at once for any specimen questions.

| S<br>T<br>U<br>D<br>I<br>E<br>S | CODE  | TEST                                   | CODE                                    | TEST  |
|---------------------------------|-------|--|---|---|
|                                 |       | 85097                                  | BONE MARROW, ASPIRATION, INTERPRETATION | 88307                                       |
|                                 | 88172 | FINE NEEDLE ASPIRATION DETERMINATION   | 88309                                   | TISSUE, COMPLEX DIAGNOSTIC / LARGE SPECIMEN |
|                                 | 88173 | FINE NEEDLE ASPIRATION INTERPRETATION  | 88311                                   | SURGICAL DECALCIFICATION                    |
|                                 | 88300 | GROSS ONLY - LEVEL I                   | 88312                                   | SPECIAL STAINS - Group I                    |
|                                 | 88302 | TISSUE GROSS & MICROSCOPIC - Level II  | 88313                                   | SPECIAL STAINS - Group II                   |
|                                 | 88304 | TISSUE GROSS & MICROSCOPIC - Level III | 88329                                   | CONSULTATION DURING SURGERY                 |
|                                 | 88305 | TISSUE GROSS & MICROSCOPIC - Level IV  | 88331                                   | FROZEN SECTION                              |

|                                      |  |  |  |  |  |
|--------------------------------------|--|--|--|--|--|
| C<br>O<br>M<br>M<br>E<br>N<br>T<br>S |  |  |  |  |  |
|                                      |  |  |  |  |  |
|                                      |  |  |  |  |  |
|                                      |  |  |  |  |  |

|       |              |             |              |    |
|-------|--------------|-------------|--------------|----|
| DATE: | # OF SLIDES: | SPECIMEN #: | PATHOLOGIST: | MD |
|-------|--------------|-------------|--------------|----|