SEX	DATE OF BIRTH DATE COLLECTED																		NON-GYN REQUEST FORM								
SOCIAL SECURITY NO												-	-											011110			
SOCIAL SECURITY NO.																						PHYSIC	A CONTRACTOR OF THE PARTY OF TH				
PRINT PATIENT NAME – FIRST, MIDDLE, LAST														-								LABORATORY					
																							focused on				
STREE	ET					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												APT. I	NO.				SIOUX FALLS, SD MITCHELL, SD	SPENCER, I YANKTON, S	IA SD		
CITY STAT													S	TATE	ATE ZIP						(	Client Services: (605) 322-7212 • (800) 658-5474 Website: www.plpath.com					
TELEPHONE NO. RESPONSIBLE PARTY & ADDRESS (If other													ESS (If o	other the	her than patient.)								CLINIC	CODE			
BILL TO:																											
☐ SUBMITTING CLINIC ☐ PATIENT / INS ☐ MEDICARE / MEDIC												IEDICAF	RE / ME	DICAID	OICAID INPATIENT OUTPATIENT					OUTPAT	TIENT						
MEDICARE I.D. NO. MEDICAID (WELFARE) NO.												ID (WEI	LFARE)	NO.	10.												
INSURANCE COMPANY NAME, ADDRESS																											
																				L							
INSURED'S I.D. NO. INSURED'S G										DOUD								SUBMITTING PHYSICIAN									
INSURED'S I.D. NO.										ROUP	NO.							-									
CHART NUMBER DIAGNOSIS CODE									and the second second									PHYSICIAN / PROVIDER SIGNATURE	•								
CLINICAL HISTORY																											
CLINICAL FIGURY																											
					AN	۸L	CY	TOL	OG	Υ									No.	13.5	FINE	E N	NEEDLE ASPIRATE	例 生心	A WINE		
□ C	0	-TE	STI	NG	(HR	HP	<b>√</b> &	PAP)							C	omp	ole	te T	hyrc	oid FN	IA Hi	ist	ory Form With Any Add	itional Infor	mation		
ПН													2										K OF REQUEST FORM				
□ C.	☐ CYTOLOGY ONLY														ETHAPOID EDDEAGT ELAMBUNODE EDAPOTID CLAMB EQUIDAMANDIDULAR CLAM										DI II AD CLAND		
		Silve	烈制	DIII	MC	M	AR\	CY	TOI	OG	Y	3565	100000	l	☐ THYROID ☐ BREAST ☐ LYMPH NODE ☐ PAROTID GLAND ☐ SUBMANDIBULAR GLAND										BULAN GLAND		
□s	PULMONARY CYTOLOGY  SPUTUM No. In Series 1 2 3											3	Othe	er Si	te: _												
□В				L W	ASH			. [	□Rt.						NUMBER OF SLIDES SUBMITTED: Air Dried Alcohol Fixe									Alcohol Fixed			
			CHIA	L B	RUS	H		. [	□Rt.	#	of slic	des			MONDER OF DELIDED COSMITTED.									Alconor Fixed			
□ B/	A			Office (the				-		(V 100	*******	( Carlotta )			FLUID SUBMITTED:ml.												
			ONE	A1 1	AND DESCRIPTION OF THE PARTY.	NAME OF STREET	CI	IO	LOG	N.	121.0			1	C DEDECORMED ON OUT BY DATE OF COLUMN												
□ PI							GS								☐ PERFORMED ON SITE BY							YF	Y PATHOLOGIST RAPID INTERP. GIVEN				
□ PI				( The	VAC			. [	⊒Rt.						Fluoroccent						nt l	ln	Situ Hybridization	/EIGH\			
	□ OVARIAN CYST □ Lt. □ Rt.														Fluorescent <i>In Situ</i> Hybridization (FISI									(FISH)			
	☐ CSF ☐ Other:														☐ <b>UroVysion</b> <sup>TM</sup> (Detection of Cancer Markers in the Urinary Tract by FISH Assay)												
URINARY CYTOLOGY												Ordering ICD required						ed		OR							
□ URINE										Cr	nec	k AT	T L	EAS	ST C	NE re	asor	n f	or testing below:								
☐ Voided ☐ Catheterized ☐ Bladder Washings											ngs																
☐ URETERAL WASHINGS														☐ Screening for transitional cell ca						ional ce	ell car	rcin	noma (TCC)		MEN TYPE:		
														<ul><li>☐ Hematuria</li><li>☐ Prior history of bladder cancer</li></ul>						der can	cer		☐ Voided Urine☐ Cath. Urine				
FOR LAB USE ONLY													☐ Family history ☐ Bladde								dder Wash						
PLEASE FEEL FREE TO CALL FOR COLLECTION OR HANDLING PROCEDURES.												3.			☐ Increased risk factors (environmental or lifestyle) ☐ Cystoscop								stoscopy				
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LABEL																											
LADEL																											