



**PHYSICIAN INFORMATION**

**PATIENT INFORMATION**

Requesting Physician Signature \_\_\_\_\_ Copy to \_\_\_\_\_

|   |                       |     |
|---|-----------------------|-----|
| Last Name   | First Name            | MI  |
| Date of Birth   | Street Address        |     |
| City  | State                 | Zip |
| Chart Number  | Patient Telephone No. |     |
| Gender: <input type="checkbox"/> F <input type="checkbox"/> M |                       |     |

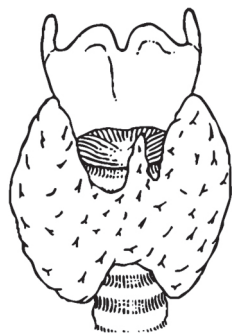
**BILLING INFORMATION REQUIRED (Attach copies of Insurance card: Primary and Secondary)**

If minor, Guardian Name \_\_\_\_\_ Insurance Co. \_\_\_\_\_  
 Subscriber # \_\_\_\_\_ Group # \_\_\_\_\_ Relation to Patient:  self  spouse  guardian  
 Insured's Name \_\_\_\_\_ Insured Employer \_\_\_\_\_  
 Bill Insurance  Uninsured  Indigent Patient  Bill Doctor  Medicare Waiver (ABN instructions on back)

**SPECIMEN INFORMATION**

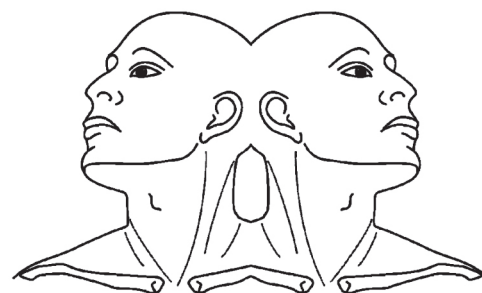
Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_ # of Containers: \_\_\_\_\_ ICD-10 Code REQUIRED: \_\_\_\_\_  
 ICD-10 Codes applicable to each and every test requested should come only from the ordering physician, represent the reason for the test order at the time of order, and be supported by the patient's medical record. Physicians should order only tests that are medically necessary for the diagnosis or treatment of the patient. Tests ordered should be single laboratory tests appropriate for the patient's medical condition. Tests for screening purposes may be ordered, but may not be reimbursed.

**Thyroid Map**



**Please indicate site and size:**

Specimen A: \_\_\_\_\_  
 Specimen B: \_\_\_\_\_  
 Specimen C: \_\_\_\_\_  
 Specimen D: \_\_\_\_\_



**CLINICAL HISTORY / DIAGNOSIS**

**Thyroid**  
 Ultrasound Findings:  Multinodular  Solitary Nodule  Solid  Cystic  Calcifications  
 Ultrasound/Clinical Level of Concern:  Low  High  Intermediate  
 Thyroid Serum Antibody results if available: \_\_\_\_\_  
 Other Relevant History: \_\_\_\_\_  
 Thyroid Scan Results:  Cold  Warm  Hot  
 History of Radiation Exposure:  Yes  No  
 Family History of Thyroid Cancer:  Yes  No

**Lymph Node**  
 Solitary Adenopathy  Metastatic Carcinoma Panel  Reflex to Flow Cytometry (submit in RPMI only)  
 Multiple Adenopathy  Lymphoma Panel (additional specimen in RPMI for Flow Cytometry)  
 Other Panel: \_\_\_\_\_

**Salivary Gland**  
 Size: \_\_\_\_\_ Peripheral Nerve Symptoms: \_\_\_\_\_ Duration of Lesion: \_\_\_\_\_

**Histology**  
 Site A: \_\_\_\_\_ Site B: \_\_\_\_\_ Site C: \_\_\_\_\_ Site D: \_\_\_\_\_

**Comments or Clinical Impression:**

**For LAB USE ONLY**

Accession # \_\_\_\_\_ DATE/TIME Rec'd \_\_\_\_\_

**Positive Patient Identification: No. HNA000001**

**SPECIMEN LABEL INSTRUCTIONS:** 1. Write required information on the labels. 2. Remove necessary labels and place one (1) label on each specimen container (not on the lid).

|             |  |             |  |             |  |             |  |             |  |
|-------------|--|-------------|--|-------------|--|-------------|--|-------------|--|
|             |  |             |  |             |  |             |  |             |  |
| 777000001A  |  | 777000001A  |  | 777000001A  |  | 777000001A  |  | 777000001A  |  |
| Name: _____ |  | Name: _____ |  | Name: _____ |  | Name: _____ |  | Name: _____ |  |
| DOB: _____  |  | DOB: _____  |  | DOB: _____  |  | DOB: _____  |  | DOB: _____  |  |
| Site: _____ |  | Site: _____ |  | Site: _____ |  | Site: _____ |  | Site: _____ |  |

**ADVANCED BENEFICIARY NOTICE (ABN)**

Tests are subject to coverage limitations by Medicare and may require that an Advanced Beneficiary Notice (ABN) be signed by the patient prior to obtaining the specimen. When ordered tests are likely to be denied by Medicare, please complete a separate ABN with the patient's signature. The ABN will then need to be submitted with this requisition. For a copy please call Palm Beach Pathology at 1-800-749-6595 or 561-659-0770.

**ICD-10 DIAGNOSIS – REQUIRED**

Below is a list of commonly used diagnosis codes; however, this list is not all-inclusive and is provided as a reference only. Please provide the most specific diagnosis code(s) related to the reason for testing. The ICD-10 code is listed with the corresponding ICD-9 code in parentheses to aid in the transition to ICD-10.

**Diagnostic: Women's Health Specific**

|         |   |
|---------|---|
| B95.1   | GBS Infection as Cause of Disease Classified Elsewhere (041.02)                                       |
| A60.00  | Unspecified Genital Herpes (054.10)   |
| B00.89  | Herpes Simplex With Other Specified Complications (054.79)  |
| B07.9   | Unspecified Viral Warts (078.10)  |
| A63.0   | Condyloma Acuminatum (078.11)   |
| B07.0   | Plantar wart (078.12)   |
| B97.7   | HPV Infection as the Cause of Diseases Classified Elsewhere (079.4)                                   |
| B37.3   | Candidiasis of Vulva and Vagina (112.1)   |
| N72     | Cervicitis & Endocervicitis (616.0)   |
| N76.0   | Unspecified Vaginitis & Vulvovaginitis (616.10)   |
| N87.9   | Dysplasia of Cervix, Unspecified (622.10)   |
| N87.0   | Mild Dysplasia of Cervix (622.11)   |
| N87.1   | Moderate Dysplasia of Cervix (622.12)   |
| N84.1   | Cervical Polyp (622.7)  |
| N89.9   | Leukorrhea, Not Specified as Infective (623.5)  |
| N91.2   | Absence of Menstruation (626.0)   |
| N92.1   | Metrorrhagia (626.6)  |
| N93.8   | Disorders of Menstruation and Other Abnormal Bleeding from Female Genital Tract; Other (626.8)        |
| N93.9   | Disorders of Menstruation and Other Abnormal Bleedings from Female Genital Tract; Unspecified (626.9) |
| N95.0   | Postmenopausal Bleeding (627.1)   |
| R87.619 | Abnormal Pap of Cervix (795.00)   |
| R87.610 | ASCUS of Cervix (795.01)  |
| R87.611 | ASC – H of Cervix (795.02)  |
| R87.612 | LGSIL of Cervix (795.03)  |
| R87.613 | HGSIL of Cervix (795.04)  |
| R87.810 | High Risk HPV Positive of Cervix (795.05)   |
| R87.820 | Low Risk HPV Positive of Cervix (795.09)  |
| R85.619 | Abnormal Glandular Anal Pap (796.70)  |
| R85.610 | Pap Smear of Anus, ASCUS (796.71)   |
| R85.611 | Pap Smear of Anus, ASC – H (796.72)   |
| R85.612 | Pap Smear of Anus, LGSIL (796.73)   |
| R85.613 | Pap Smear of Anus, HGSIL (796.74)   |
| R85.81  | Anal High Risk HPV DNA Test Positive (796.75)   |
| R85.614 | Pap Smear of Anus With Cytologic Evidence of Malignancy (796.76)                                      |
| R85.616 | Satisfactory Anal Smear but Lacking Transformation Zone (796.77)                                      |
| R85.615 | Unsatisfactory Anal Smear (796.78)  |
| R85.618 | Other Abnormal Smear of Anus (796.79)   |

**Diagnostic: Other Biopsies**

|         |  |
|---------|--|
| B35.1   | Dermatophytosis of Nail (110.1)  |
| C49.59  | Malignant Melanoma of Other Part of Trunk (172.5)                                      |
| C49.51  | Malignant Melanoma of Anal Skin (172.5)  |
| C49.52  | Malignant Melanoma of Skin of Breast (172.5)   |
| C44.291 | Other Malignant Neoplasm of skin of Ear and External Auditory Canal (173.29)           |
| C44.292 | Other Malignant Neoplasm of skin of Ear and External Auditory Canal – Right (173.29)   |
| C44.299 | Other Malignant Neoplasm of skin of Ear and External Auditory Canal – Left (173.29)    |
| C44.390 | Other Malignant Neoplasm of skin, Unspecified Parts of Face (173.39)                   |
| C44.391 | Other Malignant Neoplasm of skin of nose (173.39)                                      |
| C44.399 | Other Malignant Neoplasm of skin of other parts of face (173.39)                       |
| C44.49  | Other Malignant Neoplasm of Scalp and Skin of Neck (173.49)                            |
| C44.599 | Other Malignant Neoplasm of skin of trunk (173.59)                                     |
| C44.590 | Other Malignant Neoplasm of Anal Skin (173.59)   |
| C44.591 | Other Malignant Neoplasm of skin of breast (173.59)                                    |
| C44.691 | Other Malignant Neoplasm of Skin of Upper Limb, Including Shoulder (173.69)            |
| C44.692 | Other Malignant Neoplasm of Skin of Upper Limb, Including Shoulder – Right (173.69)    |
| C44.699 | Other Malignant Neoplasm of Skin of Upper Limb, Including Shoulder – Left (173.69)     |
| C44.791 | Other Malignant Neoplasm of Skin of Lower Limb, Including Hip (173.79)                 |
| C44.792 | Other Malignant Neoplasm of Skin of Lower Limb, Including Hip – Right (173.79)         |
| C44.799 | Other Malignant Neoplasm of Skin of Lower Limb, Including Hip – Left (173.79)          |
| C44.89  | Other Specified Malignant Neoplasm of Other Specified Sites of Skin (173.89)           |
| C44.99  | Other Malignant Neoplasm of Skin, Site Unspecified (173.99)                            |
| C50.419 | Malignant Neoplasm of Upper-Outer Quadrant of Female Breast – Unspecified Side (174.4) |
| C50.411 | Malignant Neoplasm of Upper-Outer Quadrant of Female Breast – Right (174.4)            |
| C50.412 | Malignant Neoplasm of Upper-Outer Quadrant of Female Breast – Left (174.4)             |

**Diagnostic: Other Biopsies (continued)**

|        |   |
|--------|---|
| C53.9  | Malignant Neoplasm of Cervix Uteri – Unspecified (180.9)  |
| C54.9  | Malignant Neoplasm of Corpus Uteri (182.0)  |
| C56.9  | Malignant Neoplasm of Ovary – Unspecified (183.0)   |
| C56.1  | Malignant Neoplasm of Ovary – Right (183.0)   |
| C56.2  | Malignant Neoplasm of Ovary – Left (183.0)  |
| C80.1  | Other Malignant Neoplasm of Unspecified Site (199.1)  |
| D10.0  | Benign Neoplasm of Lip (210.0)  |
| D10.30 | Benign Neoplasm of Unspecified Parts of Mouth (210.4)   |
| D10.39 | Benign Neoplasm of Other Parts of Mouth (210.4)   |
| D12.6  | Benign Neoplasm of Colon – Unspecified (211.3)  |
| D12.0  | Benign Neoplasm of Colon – Cecum (211.3)  |
| D12.2  | Benign Neoplasm of Colon – Ascending (211.3)  |
| D12.3  | Benign Neoplasm of Colon – Transverse (211.3)   |
| D12.4  | Benign Neoplasm of Colon – Descending (211.3)   |
| D12.5  | Benign Neoplasm of Colon – Sigmoid (211.3)  |
| D12.7  | Benign Neoplasm of Colon – Rectosigmoid Junction (211.3)  |
| D17.0  | Lipoma of Skin and Subcutaneous Tissue of Head, Face and Neck (214.1)   |
| D17.9  | Lipoma, Unspecified Site (214.9)  |
| D21.10 | Other Benign Neoplasm of Connective and Other Soft Tissue of Upper Limb, Including Shoulder – Unspecified (215.2) |
| D21.11 | Other Benign Neoplasm of Connective and Other Soft Tissue of Upper Limb, Including Shoulder – Right (215.2)       |
| D21.12 | Other Benign Neoplasm of Connective and Other Soft Tissue of Upper Limb, Including Shoulder – Left (215.2)        |
| D23.10 | Other Benign Neoplasms of Eyelid, Including Canthus – Unspecified (216.1)   |
| D23.11 | Other Benign Neoplasms of Eyelid, Including Canthus – Right (216.1)   |
| D23.12 | Other Benign Neoplasms of Eyelid, Including Canthus – Left (216.1)  |
| D23.30 | Other Benign Neoplasms of Skin of Unspecified Parts of Face (216.3)   |
| D23.39 | Other Benign Neoplasms of Skin of Other Parts of Face (216.3)   |
| D23.5  | Other Benign Neoplasms of Skin of Trunk, Except Scrotum (216.5)   |
| D23.60 | Other Benign Neoplasms of Skin of Upper Limb, Including Shoulder – Unspecified (216.6)                            |
| D23.61 | Other Benign Neoplasms of Skin of Upper Limb, Including Shoulder – Right (216.6)                                  |
| D23.62 | Other Benign Neoplasms of Skin of Upper Limb, Including Shoulder – Left (216.6)                                   |
| D23.9  | Other Benign Neoplasms of Skin, Site Unspecified (216.9)  |
| D25.0  | Submucous Leiomyoma of Uterus (218.0)   |
| D25.9  | Leiomyoma of Uterus – Unspecified (218.9)   |
| D28.0  | Benign Neoplasm of Vulva (221.2)  |
| D06.9  | Carcinoma In Situ of Cervix Uteri – Unspecified (233.1)   |
| D06.0  | Carcinoma In Situ of Cervix Uteri – Endocervix (233.1)  |
| D06.1  | Carcinoma In Situ of Cervix Uteri – Exocervix (233.1)   |
| D06.7  | Carcinoma In Situ of Cervix Uteri – Other Parts (233.1)   |
| D37.01 | Neoplasm of Uncertain Behavior of Lip (235.1)   |
| D37.05 | Neoplasm of Uncertain Behavior of Pharynx (235.1)   |
| D37.09 | Neoplasm of Uncertain Behavior of Other Specific Sites of the Oral Cavity (235.1)                                 |
| D48.1  | Neoplasm of Uncertain Behavior of Connective and Other Soft Tissue (238.1)  |
| D48.5  | Neoplasm of Uncertain Behavior of Skin (238.2)  |
| D49.89 | Neoplasm of Uncertain Behavior of Other Specified Sites (238.8)   |
| D49.9  | Neoplasm of Uncertain Behavior, Site Unspecified (238.9)  |
| D48.0  | Neoplasm of Unspecified Nature of Bone and Articular Cartilage (239.2)  |
| D49.5  | Neoplasm of Unspecified Nature of Other Genitourinary Organs (239.5)  |
| G56.00 | Carpal Tunnel Syndrome – Unspecified Upper Limb (354.0)   |
| G56.01 | Carpal Tunnel Syndrome – Right Upper Limb (354.0)   |
| G56.02 | Carpal Tunnel Syndrome – Left Upper Limb (354.0)  |
| I78.1  | Nevus, Non-Neoplastic (488.1)   |
| K29.70 | Unspecified Gastritis, Without Hemorrhage (535.50)  |
| K29.90 | Unspecified Gastroduodenitis, Without Hemorrhage (535.50)   |
| K50.10 | Regional Enteritis of Large Intestine, Without Complications (555.1)  |
| K51.00 | Ulcerative Colitis, Universal Chronic (556.6)   |
| K52.9  | Unspecified Noninfectious Gastroenteritis and Colitis (558.9)   |
| K52.89 | Other Noninfectious Gastroenteritis and Colitis (558.9)   |
| K62.0  | Anal Polyp (569.0)  |
| K62.1  | Rectal Polyp (569.0)  |
| K90.1  | Tropical Sprue (579.1)  |
| N63    | Lump of Mass in Breast (611.72)   |
| N83.20 | Unspecified Ovarian Cyst (620.2)  |

**Diagnostic: Other Biopsies (continued)**

|         |   |
|---------|---|
| N83.29  | Other Ovarian Cyst (620.2)  |
| N84.0   | Polyp of Corpus Uteri (621.0)   |
| N89.3   | Dysplasia of Vagina – Unspecified (623.0)   |
| N89.0   | Dysplasia of Vagina – Mild (623.0)  |
| N89.1   | Dysplasia of Vagina – Moderate (623.0)  |
| N84.2   | Polyp of Vagina (623.7)   |
| N89.8   | Other Specified Non-Inflammatory Disorders of Vagina (623.8)  |
| N90.89  | Other Specified Non-Inflammatory Disorders of Vulva and Perineum (624.8)                            |
| N90.9   | Unspecified Non-Inflammatory Disorder of Vulva and Perineum (624.9)                                 |
| N94.1   | Dyspareunia (625.0)   |
| N94.6   | Dysmenorrhea (625.3)  |
| N94.9   | Unspecified Symptom Associated with Female Genital Organs (625.9)                                   |
| N92.0   | Excessive of Frequent Menstruation with Regular Cycle (626.2)                                       |
| N92.1   | Excessive of Frequent Menstruation with Irregular Cycle (626.2)                                     |
| N92.6   | Irregular Menstrual Cycle (626.4)   |
| N93.0   | Post-coital Bleeding (626.7)  |
| N92.4   | Pre-menopausal Menorrhagia (627.0)  |
| N95.1   | Menopausal of Female Climacteric States (627.2)   |
| N95.2   | Postmenopausal Atrophic Vaginitis (627.3)   |
| O02.1   | Missed Abortion (632)   |
| L25.9   | Contact Dermatitis and Other Eczema, Unspecified Cause (692.9)                                      |
| L91.9   | Unspecified Hypertrophic Conditions of Skin (701.9)   |
| L90.9   | Unspecified Atrophic Conditions of Skin (701.9)   |
| L57.0   | Actinic Keratosis (702.0)   |
| L82.1   | Seborrheic Keratosis (702.19)   |
| L72.11  | Pilar Cyst (704.41)   |
| L72.12  | Trichilemmal Cyst (704.42)  |
| L72.3   | Sebaceous Cyst (706.2)  |
| L98.9   | Unspecified Disorder of Skin and Subcutaneous Tissue (709.9)  |
| M67.40  | Ganglion of Joint – Unspecified Site (727.41)   |
| M67.40  | Ganglion of Tendon Sheath – Unspecified Site (727.42)   |
| M67.48  | Other Ganglion, Other Site (727.49)   |
| M67.89  | Other Cyst of Synovium and Tendon, other site (727.49)  |
| M71.38  | Other Cyst of Bursa, Other Site (727.49)  |
| M72.0   | Contracture of Palmar Fascia (728.6)  |
| R20.9   | Disturbance of Skin Sensation (782.0)   |
| R21     | Rash and Other Nonspecific Skin Eruption (782.1)  |
| R22.9   | Localized Superficial Swelling, Mass or Lump – Unspecified Site (782.2)                             |
| R22.1   | Swelling, Mass or Lump in Neck (784.2)  |
| R22.0   | Swelling, Mass or Lump in Head (784.2)  |
| R19.7   | Diarrhea (787.91)   |
| R10.9   | Abdominal Pain, Unspecified (789.00)  |
| R93.8   | Nonspecific Abnormal Findings on Radiological and Other Examination of Genitourinary Organs (793.5) |
| R87.615 | Satisfactory Smear of Cervix (795.08)   |

**Screening**

|         |   |
|---------|---|
| Z20.2   | Contact With or Exposure to Venereal Diseases (V01.6)   |
| Z20.9   | Contact With or Exposure to Unspecified Communicable Disease (V01.9)  |
| Z87.410 | Personal History of Cervical Dysplasia (V13.22)   |
| Z77.21  | Contact With and (suspected) Exposure to Potentially Hazardous Body Fluids (V15.85)                                   |
| Z77.9   | High Risk Screening Pap - Medicare Only (V15.89)  |
| Z34.90  | Supervision of Unspecified Normal Pregnancy – Unspecified Trimester (V22.1)   |
| Z34.91  | Supervision of Unspecified Normal Pregnancy – First Trimester (V22.1)   |
| Z34.92  | Supervision of Unspecified Normal Pregnancy – Second Trimester (V22.1)  |
| Z34.93  | Supervision of Unspecified Normal Pregnancy – Third Trimester (V22.1)   |
| Z39.2   | Postpartum Follow-Up (V24.2)  |
| Z36     | GBS Screening (V28.6)   |
| Z01.411 | Routine GYN Exam With Abnormal Findings (V72.31)  |
| Z01.419 | Routine GYN Exam Without Abnormal Findings (V72.31)   |
| Z01.42  | Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear (V72.32) |
| Z11.51  | HPV Screening (V73.81)  |
| Z11.8   | Special Screening Examination for Unspecified Chlamydial Disease (V73.98)   |
| Z11.3   | Screening Examination for Venereal Disease (V74.5)  |
| Z12.4   | Special Screening; Cervix Routine (V76.2)   |
| Z12.72  | Special Screening; Vaginal S/P Hysterectomy (V76.47)  |
| Z12.89  | Special Screening; Other Sites (V76.49)   |
| Z12.11  | Screening, malignant neoplasm, colon (V76.51)   |