PMH LABORATORY INC
Pacific Rim PATHOLOGY

Surgical Pathology Requisition

Radiology

9295 Farnham Street • Suite 100 • San Diego, CA 92123
Phone: (858) 261- PATH (7284) • Fax: (858) 939-1447
www.pacificrimpathology.com

CLINIC NAME HERE all the way across

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Ordering Radiologist: _____

Referring Physician: _____

Phone: _____ Fax: _____

Bill to: ☐ Client ☐ Patient ☐ Insurance

Patient Name: _____ Gender: _____

Address: _____

Phone: _____ Date of Birth: _____

Relationship to Insured/Responsible Party: ☐ Self ☐ Spouse ☐ Dependent

Insurance Info: ☐ See attached

Insured/Responsible Party: _____

Address: _____

Phone: _____ Member ID: _____

Insurance: _____

ICD-10:

Common ICD-10 Codes:

- N63 Unspecified lump in breast
- N63.0 Unspecified lump in unspecified breast
- R92.1 Abnormal and inconclusive findings on diagnostic imaging of breast
- R92.8 Other abnormal and inconclusive findings on diagnostic imaging of breast
- E04.1 Nontoxic single thyroid nodule
- E04.2 Nontoxic multinodular goiter
- R59.0 Localized enlarged lymph nodes
- R59.1 Generalized enlarged lymph nodes
- R59.9 Enlarged lymph nodes, unspecified
- R22.1 Localized swelling, mass and lump, neck
- C73 Malignant neoplasm of thyroid gland

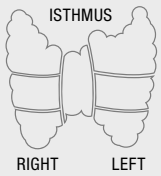
ICD-10 Codes: | | | | |

Thyroid FNA

☐ Check for Afirma Genomics Sequencing Classifier and MTC classifiers, and RET/PTC on patient samples with AUS/FLUS or FN/SFN cytopathology diagnoses

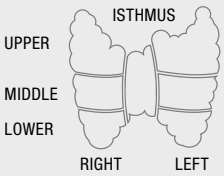
☐ Check for Xpression Atlas for Afirma GSC suspicious, or the Xpression Atlas, MTC and BRAF Classifiers for SFM or M cytopathology (Bethesada V or VI)

A LOCATION



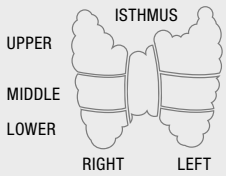
SIZE _____ cm

B LOCATION



SIZE _____ cm

C LOCATION



SIZE _____ cm

Sample Collection Date: _____ **# of nodules** _____

Breast Needle Biopsy

Sample 1.
Time in Formalin: _____
(required for each sample)
Collection Time: _____
Collection Date: _____
- ☐ Mass
- ☐ Lesion
- ☐ Calcifications
- ☐ If positive, check for following receptors: ER/PR and HER2

Sample 2.
Time in Formalin: _____
(required for each sample)
Collection Time: _____
Collection Date: _____
- ☐ Mass
- ☐ Lesion
- ☐ Calcifications
- ☐ If positive, check for following receptors: ER/PR and HER2

Non-Gyn Cytology **Collection Date:** _____

- ☐ Breast FNA ☐ L ☐ R
- ☐ Lymph Node FNA ☐ L ☐ R
- ☐ CSF
- ☐ Other: _____

Material Submitted:
1. ☐ Cytolyt
2. ☐ Air-Dried Slides # _____
3. ☐ Alcohol-Fixed Slides # ____
4. ☐ RPMI (send for flow cytometry if indicated)

Surgical Pathology **Collection Date:** _____

1) _____
2) _____
3) _____
4) _____
5) _____

Bone Marrow Biopsy

☐ Morphology, flow cytometry, cytogenetics, and other necessary diagnostic/prognostic tests as needed

Clinical History:

_____

_____

_____

****Please include relevant clinical history, lab results and insurance information with requisition****

Name: _____ Specimen: _____ DOB: _____ /_____ /_____

Name: _____ Specimen: _____ DOB: _____ /_____ /_____

Name: _____ Specimen: _____ DOB: _____ /_____ /_____

Name: _____ Specimen: _____ DOB: _____ /_____ /_____

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