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 FAX (509) 892-2740
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 FAX (425) 646-0925
RICHLAND (509) 392-5920/(833) 369-7268
 FAX (509) 866-5020

LAB NUMBER

CHART #/MRN	DATE OF COLLECTION	SEX <input type="checkbox"/> M <input type="checkbox"/> F
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PATIENT'S NAME (Last Name, First Name, Middle Initial)

ADDRESS

CITY STATE ZIP PHONE

PATIENT SOCIAL SECURITY # PATIENT BIRTHDATE

Please write N/A if SSN is unavailable

INSURED'S NAME (Attach Copy of Insurance Card)

POLICY # GROUP # / EMPLOYER

RELATIONSHIP TO PATIENT:
 Self Spouse
 Child Other

Steps Site(s) Pathologist Interpretation Slide Prep Only Consultation

COPY TO:

First Name Last Name Location/Phone

INSURANCE PLAN NAME OR PROGRAM NAME

Bill Office/ Clinic VA Choice Asuris Molina Aetna
 No Insurance Group Health Premera CHPW Tricare
 Medicare Regence of WA Regence of ID First Choice (Group # Req.)
 United Healthcare Blue Cross Medicaid (State)
 Cigna (Group # Req.) Other

ICD-10 CODE(S) REQUIRED PLEASE INDICATE DIAGNOSIS CODE(S) RELATING TO THE CURRENT PROCEDURE

PREAUTHORIZATION NUMBER

PREVIOUS TISSUE SENT TO OTHER LAB?

No Yes (Please attach copy of report)

SPECIMEN SITE	BIOPSY TYPE	Clinical History/DX (size, color, shape, distribution, duration, history of change, etc.)
A	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision <input type="checkbox"/> Other _____	
B	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision <input type="checkbox"/> Other _____	
C	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision <input type="checkbox"/> Other _____	
D	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision <input type="checkbox"/> Other _____	
E	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision <input type="checkbox"/> Other _____	
F	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision <input type="checkbox"/> Other _____	
G	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision <input type="checkbox"/> Other _____	
H	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision <input type="checkbox"/> Other _____	

LAB USE

DATE RECEIVED

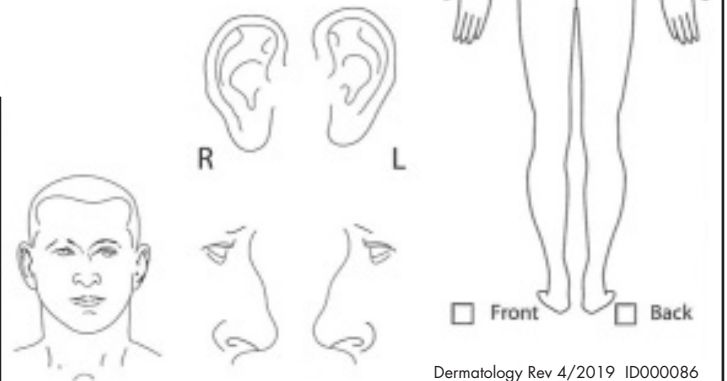
BILLING CODES

PREP _____

Formalin-fixed tissue cannot be processed for immunofluorescence

AFFIX LABEL(S) TO SPECIMEN CONTAINER(S) WITH FULL PATIENT NAME AND SPECIMEN SITE

D081450	D081450	D081450
Pt. Name: _____	Pt. Name: _____	Pt. Name: _____
D081450	D081450	D081450
Pt. Name: _____	Pt. Name: _____	Pt. Name: _____



FREQUENTLY USED DIAGNOSIS CODES DERMATOLOGY

DISEASES DUE TO VIRUSES

VIRAL WARTS	
ANOGENITAL [VENEREAL]	A63.0
PLANTAR WART	B07.0
OTHER	B07.8
UNSPECIFIED	B07.9

INFECTIONS OF SKIN AND SUBCUTANEOUS TISSUE

ABSCESS	
FACE	102.01
NECK	102.11
TRUNK	
ABDOMINAL WALL	102.211
BACK, EXCEPT BUTTOCK	102.212
BUTTOCK	102.31
CHEST WALL	102.213
GROIN	102.214
PERINEUM	102.215
UMBILICUS	102.216
UPPER ARM AND FOREARM	
AXILLA	
RIGHT	102.411
LEFT	102.412
UPPER LIMB	
RIGHT	102.413
LEFT	102.414
HAND, EXCEPT FINGERS	
RIGHT	102.511
LEFT	102.512
LOWER LIMB, EXCEPT FOOT	
RIGHT	102.415
LEFT	102.416
FOOT, EXCEPT TOES	
RIGHT	102.611
LEFT	102.612
PILONIDIAL CYST	
WITH ABSCESS	105.01
W/O ABSCESS	105.91
PILONIDIAL SINUS	
WITH ABSCESS	105.02
W/O ABSCESS	105.92
PYOGENIC GRANULOMA	188
UNSPECIFIED INFECTION	108.9

OTHER INFLAMMATORY CONDITIONS OF SKIN

ATOPIC DERMATITIS AND RELATED CONDITIONS	
BESNIER'S PRURIGO	120.0
ATOPIC NEURODERMATITIS	120.81
FLEXURAL ECZEMA	120.82
INFANTILE ECZEMA	120.83
INTRINSIC (ALLERGIC) ECZEMA	120.84
OTHER ATOPIC DERMATITIS	120.89
UNSPECIFIED	120.9
CONTACT DERMATITIS	
UNSPECIFIED NATURE	125.9
DUE TO COSMETICS	125.0
DUE TO DRUGS IN CONTACT W/ SKIN	125.1
DUE TO DYES	125.2
DUE TO OTHER CHEMICAL PRODUCTS	125.3
DUE TO FOOD IN CONTACT W/ SKIN	125.4
DUE TO PLANTS, EXCEPT FOOD	125.5
DUE TO OTHER AGENTS	125.8
DERMATITIS, OTHER	
DUE TO SOLAR RADIATION POLYMORPHOUS LIGHT ERUPTION	156.4
OTHER SPECIFIED ACUTE SKIN CHANGES	
DUE TO ULTRAVIOLET RADIATION	156.8
OTHER CHGS DUE TO CHRONIC EXPOSURE TO NON IONIZING RADIATION	157.8
DERMATITIS, UNSPECIFIED	130.9
FOLLICULITIS	
BOCKHART'S IMPETIGO	101.02
PERIFOLLICULITIS CAPITIS ABCEDENS	166.3
OTHER SPEC FOLLICULAR DISORDERS	173.8
LICHEN	
PLANOPLIARIS	146.1
HYPERTROPHIC LICHEN PLANUS	143.0
BULLOUS LICHEN PLANUS	143.1
LICHENOID DRUG REACTION	143.2
SUBACUTE (ACTIVE) LICHEN PLANUS	143.3
OTHER LICHEN PLANUS	143.8
LICHEN PLANUS, UNSPECIFIED	143.9
LICHEN SIMPLEX CHRONICUS	128.0
PRURIGO NODULARIS	128.1
PSORIASIS	
OTHER	140.8
VULGARIS	140.0
GENERALIZED PUSTULAR	140.1
ACRODERMATITIS CONTINUA	140.2
PUSTULOSIS PALMARIS ET PLANTARIS	140.3
GUTTATE	140.4
ARTHROPATHIC, UNSPECIFIED	140.50
DISTAL INTERPHALANGEAL PSORIATIC ARTHROPATHY	140.51
PSORIATIC ARTHRITIS MUTILANS	140.52
PSORIATIC SPONDYLITIS	140.53
PSORIATIC JUVENILE ARTHROPATHY	140.54
OTHER PSORIATIC ARTHROPATHY	140.59

ROSACEA	
PERIORAL DERMATITIS	L71.0
RHINOPHYMA	L71.1
OTHER	L71.8
UNSPECIFIED	L71.9
SEBORRHEA CAPITIS	L21.0
SEBORRHEIC INFANTILE DERMATITIS	L21.1
SEBORRHEIC DERMATITIS, OTHER	L21.8
SEBORRHEIC DERMATITIS, UNSPECIFIED	L21.9
XEROSIS CUTIS	185.3

OTHER DISEASES OF SKIN AND SUBCUTANEOUS TISSUE

ACTINIC KERATOSIS	
DYSCHROMIA	
DISORDER OF PIGMENTATION, UNSPEC	181.9
POSTINFLAMMATORY HYPERPIGMENT	181.0
CHLOASMA	181.1
FRECKLES	181.2
CAFE AU LAIT SPOTS	181.3
OTHER MELANIN HYPERPIGMENTATION	181.4
LEUKODERMA, NEC	181.5
OTHER DISORDERS OF DIMINISHED MELANIN FORMATION	181.6
PIGMENTED PURPURIC DERMATOSIS	181.7
OTHER SPECIFIED DISORDERS OF PIGMENTATION	181.8
LIPOMA	
SKIN	
FACE, HEAD, NECK	D17.0
TRUNK	D17.1
LIMB	
ARM, RIGHT	D17.21
ARM, LEFT	D17.22
LEG, RIGHT	D17.23
LEG, LEFT	D17.24
UNSPECIFIED LIMB	D17.20
OTHER SITES	D17.39
UNSPECIFIED SITE	D17.30
GENITOURINARY ORGAN	D17.72
SEBACEOUS CYST	L72.3
SEBORRHEIC KERATOSIS	
INFLAMED	182.0
OTHER	182.1

NEOPLASM, BENIGN

LIP	
MELANOCYTIC	D22.0
OTHER BENIGN NEOPLASM	D23.0
EYELID, INCLUDING CANTHUS	
RIGHT	
MELANOCYTIC	D22.11
OTHER BENIGN NEOPLASM	D23.11
LEFT	
MELANOCYTIC	D22.12
OTHER BENIGN NEOPLASM	D23.12
EAR AND AUDITORY CANAL	
RIGHT	
MELANOCYTIC	D22.21
OTHER BENIGN NEOPLASM	D23.21
LEFT	
MELANOCYTIC	D22.22
OTHER BENIGN NEOPLASM	D23.22
FACE, OTHER PARTS	
OTHER PARTS	
MELANOCYTIC	D22.39
OTHER BENIGN NEOPLASM	D23.39
SCALP AND NECK	
MELANOCYTIC	D22.4
OTHER BENIGN NEOPLASM	D23.4
TRUNK, EXCEPT SCROTUM	
MELANOCYTIC	D22.5
OTHER BENIGN NEOPLASM	D23.5
UPPER LIMB, INCLUDING SHOULDER	
RIGHT	
MELANOCYTIC	D22.61
OTHER BENIGN NEOPLASM	D23.61
LEFT	
MELANOCYTIC	D22.62
OTHER BENIGN NEOPLASM	D23.62
LOWER LIMB, INCLUDING HIP	
RIGHT	
MELANOCYTIC	D22.71
OTHER BENIGN NEOPLASM	D23.71
LEFT	
MELANOCYTIC	D22.72
OTHER BENIGN NEOPLASM	D23.72
CARCINOMA IN SITU	
LIP	
EYELID, INCLUDING CANTHUS	D04.0
RIGHT	D04.11
LEFT	D04.12
EAR AND AUDITORY CANAL	
RIGHT	D04.21
LEFT	D04.22
FACE	
OTHER PARTS	D04.30
UNSPECIFIED PART	D04.39
SCALP AND NECK	D04.4
TRUNK, EXCEPT SCROTUM	C04.5

UPPER LIMB, INCLUDING SHOULDER	
RIGHT	D04.61
LEFT	D04.62
LOWER LIMB, INCLUDING HIP	
RIGHT	D04.71
LEFT	D04.72

NEOPLASM, PRIMARY MALIGNANCY

LIP	
BASAL CELL CARCINOMA	C44.01
SQUAMOUS CELL CARCINOMA	C44.02
OTHER SPEC MALIGNANT NEOPLASM	C44.09
UNSPEC MALIGNANT NEOPLASM	C44.00
EYELID, INCLUDING CANTHUS	
BASAL CELL CARCINOMA	
RIGHT EYELID	C44.112
LEFT EYELID	C44.119
SQUAMOUS CELL CARCINOMA	
RIGHT EYELID	C44.122
LEFT EYELID	C44.129
OTHER SPEC MALIGNANT NEOPLASM	
RIGHT EYELID	C44.192
LEFT EYELID	C44.199
UNSPECIFIED MALIGNANT NEOPLASM	
RIGHT EYELID	C44.102
LEFT EYELID	C44.109
EAR AND EXTERNAL AUDITORY CANAL	
BASAL CELL CARCINOMA	
RIGHT	C44.212
LEFT	C44.219
SQUAMOUS CELL CARCINOMA	
RIGHT	C44.222
LEFT	C44.229
OTHER SPEC MALIGNANT NEOPLASM	
RIGHT	C44.292
LEFT	C44.299
UNSPEC MALIGNANT NEOPLASM	
RIGHT	C44.202
LEFT	C44.209
FACE	
BASAL CELL CARCINOMA	
NOSE	C44.311
OTHER PARTS OF FACE	C44.319
SQUAMOUS CELL CARCINOMA	
NOSE	C44.321
OTHER PARTS	C44.320
OTHER SPEC MALIGNANT NEOPLASM	
NOSE	C44.391
OTHER PARTS	C44.399
UNSPEC MALIGNANT NEOPLASM	
NOSE	C44.301
OTHER PARTS	C44.309
SCALP AND NECK	
BASAL CELL CARCINOMA	
SQUAMOUS CELL CARCINOMA	C44.42
OTHER SPEC MALIGNANT NEOPLASM	C44.49
UNSPEC MALIGNANT NEOPLASM	C44.40
TRUNK EXCEPT SCROTUM	
ANAL	
BASAL CELL CARCINOMA	C44.510
SQUAMOUS CELL CARCINOMA	C44.520
OTHER SPEC MALIGNANT NEOPLASM	C44.590
UNSPEC MALIGNANT NEOPLASM	C44.500
BREAST	
BASAL CELL CARCINOMA	
SQUAMOUS CELL CARCINOMA	C44.511
OTHER SPEC MALIGNANT NEOPLASM	C44.521
OTHER SPEC MALIGNANT NEOPLASM	C44.591
UNSPEC MALIGNANT NEOPLASM	C44.501
OTHER PART OF TRUNK	
BASAL CELL CARCINOMA	C44.519
SQUAMOUS CELL CARCINOMA	C44.529
OTHER SPEC MALIGNANT NEOPLASM	C44.599
UNSPEC MALIGNANT NEOPLASM	C44.509
UPPER LIMB, INCLUDING SHOULDER	
BASAL CELL CARCINOMA	
RIGHT UPPER LIMB	C44.612
LEFT UPPER LIMB	C44.619
SQUAMOUS CELL CARCINOMA	
RIGHT UPPER LIMB	C44.622
LEFT UPPER LIMB	C44.629
OTHER SPEC MALIGNANT NEOPLASM	
RIGHT UPPER LIMB	C44.692
LEFT UPPER LIMB	C44.699
UNSPEC MALIGNANT NEOPLASM	
RIGHT UPPER LIMB	C44.602
LEFT UPPER LIMB	C44.609
LOWER LIMB, INCLUDING HIP	
BASAL CELL CARCINOMA	
RIGHT LOWER LIMB	C44.712
LEFT LOWER LIMB	C44.719
SQUAMOUS CELL CARCINOMA	
RIGHT LOWER LIMB	C44.722
LEFT LOWER LIMB	C44.729
OTHER SPEC MALIGNANT NEOPLASM	
RIGHT LOWER LIMB	C44.792
LEFT LOWER LIMB	C44.799
UNSPECIFIED MALIGNANT NEOPLASM	
RIGHT LOWER LIMB	C44.702
LEFT LOWER LIMB	C44.709

NEOPLASM, SECONDARY MALIGNANCY

LIP	
EYELID, INCLUDING CANTHUS	D04.0
RIGHT EYELID	D04.11
LEFT EYELID	D04.12
EAR AND EXTERNAL AUDITORY CANAL	
RIGHT	D04.21
LEFT	D04.22
FACE	
OTHER PARTS OF FACE	
UNSPECIFIED PART	D04.39
SCALP AND NECK	D04.4
TRUNK	
UPPER LIMB, INCLUDING SHOULDER	
RIGHT UPPER LIMB	D04.61
LEFT UPPER LIMB	D04.62
LOWER LIMB, INCLUDING HIP	
RIGHT	D04.71
LEFT	D04.72
UNSPECIFIED LOWER LIMB	C44.711
SQUAMOUS CELL CARCINOMA	
RIGHT LOWER LIMB	C44.722
LEFT LOWER LIMB	C44.729
OTHER SPEC MALIGNANT NEOPLASM	
RIGHT LOWER LIMB	C44.792
LEFT LOWER LIMB	C44.799
UNSPECIFIED MALIGNANT NEOPLASM	
RIGHT LOWER LIMB	C44.702
LEFT LOWER LIMB	C44.709

MELANOMA, PRIMARY MALIGNANCY

LIP	
EYELID, INCLUDING CANTHUS	C43.0
RIGHT	C43.11
LEFT	C43.12
EAR AND AUDITORY CANAL	
RIGHT	C43.21
LEFT	C43.22
FACE	
OTHER PARTS	
UNSPECIFIED PART	C43.39
SCALP AND NECK	C43.30
TRUNK, EXCEPT SCROTUM	C43.4
ANAL	C43.51
BREAST	C43.52
OTHER PART	C43.59
UPPER LIMB, INCLUDING SHOULDER	
RIGHT	C43.61
LEFT	C43.62
LOWER LIMB, INCLUDING HIP	
RIGHT	C43.71
LEFT	C43.72

MELANOMA IN SITU

LIP	
EYELID, INCLUDING CANTHUS	D03.0
RIGHT	D03.11
LEFT	D03.12
EAR AND AUDITORY CANAL	
RIGHT	D03.21
LEFT	D03.22
FACE	
OTHER PARTS	
UNSPECIFIED PART	D03.39
SCALP AND NECK	D03.30
TRUNK, EXCEPT SCROTUM	D03.4
ANAL	D03.51
BREAST	D03.52
OTHER PART	D03.59
UPPER LIMB, INCLUDING SHOULDER	
RIGHT	D03.61
LEFT	D03.62
LOWER LIMB, INCLUDING HIP	
RIGHT	D03.71
LEFT	D03.72

NEOPLASM, UNCERTAIN BEHAVIOR

SKIN	D48.5
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NEOPLASM OF UNSPECIFIED NATURE

SKIN, SOFT TISSUE, BONE	D49.2
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PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM

MALIGNANT MELANOMA	Z85.820
MERKEL CELL CARCINOMA	Z85.821
OTHER MALIGNANT NEOPLASM	Z85.828