



SPOKANE (509) 892-2700/(888) 814-6277  
 FAX (509) 892-2740  
 TUKWILA (425) 646-0922/(877) 288-0922  
 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
-------------	--------------------	--

PATIENT'S NAME (Last Name, First Name, Middle Initial)

ADDRESS

CITY STATE ZIP PHONE

PATIENT SOCIAL SECURITY # PATIENT BIRTHDATE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Please write N/A if SSN is unavailable

COPY TO:	First Name	Last Name	Location/Phone
1			
2			

**INSURANCE DETAILS (Attach Front/Back Copy of MEDICAL Insurance Card)**

INSURANCE NAME: POLICY/SUBSCRIBER ID #:  
 CLAIMS ADDRESS: GROUP #:

NO INSURANCE, BILL PATIENT  
 CLINIC DIRECT BILL

**\*MEDICARE PATIENTS: SPECIMEN MUST BE SUBMITTED BY A PECOS REGISTERED PROVIDER OR PROVIDER WILL BE RESPONSIBLE FOR PAYMENT**

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

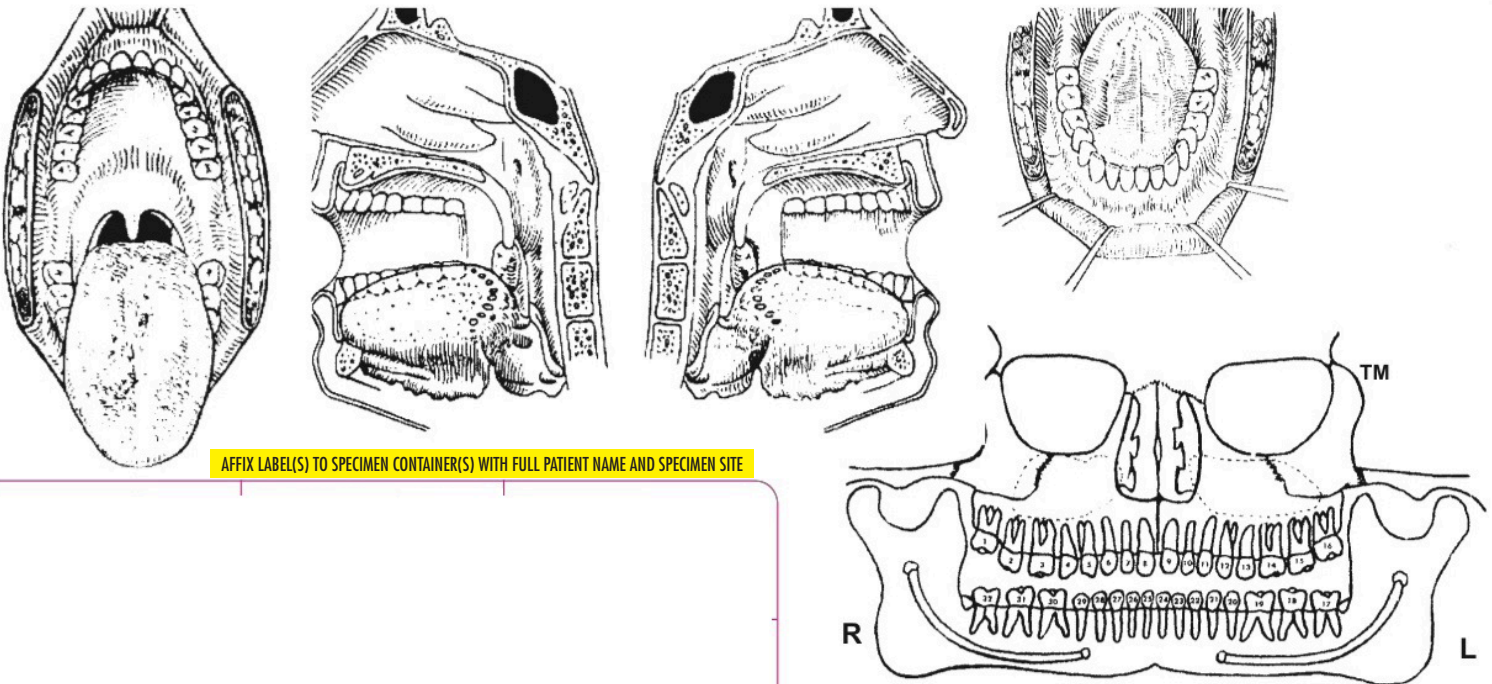
PREVIOUS TISSUE SENT TO OTHER LAB?  
 Yes  No (If yes, please attach copy of report)

Surgical Site:

Clinical Description, Distribution, and History of Lesional Tissue (inclusion of representative radiographic imaging is additionally recommended for non-routine bone and odontogenic pathology):

Pre/Post Operative Diagnosis:

L A B  U S E	DATE RECEIVED
	BILLING CODES
	PREP _____



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

Diagrams courtesy of Dr. Thomas G. Walsh