



A division of Q Labs, Inc.
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 CLIA ID: 51D2132805

Dermatopathology Test Requisition

Practice Name : _____

Collection Date: _____ Collection Time: _____

Attach a copy of patient demographic and medication list RUSH SPECIMEN

PATIENT DEMOGRAPHICS	
Last Name: _____	First Name: _____ MI: _____
Address: _____ City: _____ State: _____ Zip: _____	
Date of Birth: _____	Gender: <input type="radio"/> Male <input type="radio"/> Female MRN/PUI: _____
Social Security: _____	<input type="radio"/> Commercial <input type="radio"/> Medicaid <input type="radio"/> Worker's Comp <input type="radio"/> Self Pay <input type="radio"/> Other
Insurance Co: _____	Insurance ID#: _____
Ensure that a photocopy is provided of the front and back of insurance card	

TEST SELECTION
<input type="radio"/> Slide Preparation & Interpretation <input type="radio"/> Slide Preparation Only <input type="radio"/> Interpretation Only

CLINICAL INFORMATION			
A	SITE CHECK: <input type="radio"/> Shave <input type="radio"/> Punch <input type="radio"/> Excision <input type="radio"/> Other: _____	MARGINS? <input type="radio"/>	CLINICAL DIAGNOSIS AND HISTORY (Signs and Symptoms)
B	SITE CHECK: <input type="radio"/> Shave <input type="radio"/> Punch <input type="radio"/> Excision <input type="radio"/> Other: _____	MARGINS? <input type="radio"/>	CLINICAL DIAGNOSIS AND HISTORY (Signs and Symptoms)
C	SITE CHECK: <input type="radio"/> Shave <input type="radio"/> Punch <input type="radio"/> Excision <input type="radio"/> Other: _____	MARGINS? <input type="radio"/>	CLINICAL DIAGNOSIS AND HISTORY (Signs and Symptoms)
D	SITE CHECK: <input type="radio"/> Shave <input type="radio"/> Punch <input type="radio"/> Excision <input type="radio"/> Other: _____	MARGINS? <input type="radio"/>	CLINICAL DIAGNOSIS AND HISTORY (Signs and Symptoms)
E	SITE CHECK: <input type="radio"/> Shave <input type="radio"/> Punch <input type="radio"/> Excision <input type="radio"/> Other: _____	MARGINS? <input type="radio"/>	CLINICAL DIAGNOSIS AND HISTORY (Signs and Symptoms)

Notice to Ordering Provider: A provider must order only those tests that are medically necessary for the patient, given his or her clinical condition. Provider must submit the diagnosis information for all tests ordered and medical necessity should be documented in the patient's medical record. Medicare, Medicaid, and/or other third party payers will only pay for tests that meet the payer's coverage criteria and are reasonable and necessary to treat or diagnose the patient.

Provider Signature Attestation: I understand that if I order medically unnecessary tests that are billed to Medicare, Medicaid, and/or other third party payers, I may be subject to sanctions or remedies under civil, criminal or administrative law. I also attest that the documentation of the medical necessity of all tests ordered has been documented in the patient's medical record. **Note:** Medicare generally does not cover routine screening tests.

Ordering Provider: _____ NPI: _____

Provider Signature: _____ Date: _____