



A ProPath Company

508.235.1118 P  
 508.235.1119 F  
 NETISSUEISSUE@PROPATH.COM  
 1822 NORTH MAIN ST., SUITE 302  
 FALL RIVER, MA 02720  
 CLIA LICENSE # 2202015045  
 TODD VINOVRSKI, M.D., LABORATORY DIRECTOR

PATIENT NAME / last / first	see attached	DATE OF COLLECTION	DATE OF ACCESSION
PATIENT ADDRESS / street or box / city /state / zip		PATIENT TELEPHONE	
PATIENT D.O.B.	SEX	PRACTICE MR#	

BILL TO (please circle): MEDICARE MEDICAID BC/MA BC/RI BC/PLAN 65 UNH UNH/SENIOR UNH/RITE AETNA CIGNA TUFTS SELF PAY

PRIMARY INSURANCE NAME (please attach front/back card copy)	SECONDARY INSURANCE NAME
POLICY HOLDER'S NAME	POLICY HOLDER'S NAME
ID/GROUP NUMBERS	ID/GROUP NUMBERS
BILLING ADDRESS	BILLING ADDRESS

SPECIMEN DATA	CLINICAL FINDINGS
<b>1</b> <input type="radio"/> PUNCH BIOPSY <input type="radio"/> PUNCH EXCISION (INK) <input type="radio"/> SHAVE BIOPSY <input type="radio"/> SHAVE REMOVAL (INK) <input type="radio"/> EXCISION (INK) <input type="radio"/> CURRETAGE <input type="radio"/> ALOPECIA SECTIONS <input type="radio"/> PAS FUNGAL (NAIL) <input type="radio"/> DIF	<input type="radio"/> NEVUS (ATYPICAL) <input type="radio"/> MELANOMA <input type="radio"/> BCC <input type="radio"/> SCC <input type="radio"/> AK <input type="radio"/> SK <input type="radio"/> FEP
SITE	GROSS (lab use only) <input type="radio"/> BROWN <input type="radio"/> TAN <input type="radio"/> GRAY _____x_____x_____mm SPECIMEN IS: <input type="radio"/> INKED <input type="radio"/> SECTIONED SUBMITTED: <input type="radio"/> ENTIRELY <input type="radio"/> PARTIALLY
<b>2</b> <input type="radio"/> PUNCH BIOPSY <input type="radio"/> PUNCH EXCISION (INK) <input type="radio"/> SHAVE BIOPSY <input type="radio"/> SHAVE REMOVAL (INK) <input type="radio"/> EXCISION (INK) <input type="radio"/> CURRETAGE <input type="radio"/> ALOPECIA SECTIONS <input type="radio"/> PAS FUNGAL (NAIL) <input type="radio"/> DIF	<input type="radio"/> NEVUS (ATYPICAL) <input type="radio"/> MELANOMA <input type="radio"/> BCC <input type="radio"/> SCC <input type="radio"/> AK <input type="radio"/> SK <input type="radio"/> FEP
SITE	GROSS (lab use only) <input type="radio"/> BROWN <input type="radio"/> TAN <input type="radio"/> GRAY _____x_____x_____mm SPECIMEN IS: <input type="radio"/> INKED <input type="radio"/> SECTIONED SUBMITTED: <input type="radio"/> ENTIRELY <input type="radio"/> PARTIALLY
<b>3</b> <input type="radio"/> PUNCH BIOPSY <input type="radio"/> PUNCH EXCISION (INK) <input type="radio"/> SHAVE BIOPSY <input type="radio"/> SHAVE REMOVAL (INK) <input type="radio"/> EXCISION (INK) <input type="radio"/> CURRETAGE <input type="radio"/> ALOPECIA SECTIONS <input type="radio"/> PAS FUNGAL (NAIL) <input type="radio"/> DIF	<input type="radio"/> NEVUS (ATYPICAL) <input type="radio"/> MELANOMA <input type="radio"/> BCC <input type="radio"/> SCC <input type="radio"/> AK <input type="radio"/> SK <input type="radio"/> FEP
SITE	GROSS (lab use only) <input type="radio"/> BROWN <input type="radio"/> TAN <input type="radio"/> GRAY _____x_____x_____mm SPECIMEN IS: <input type="radio"/> INKED <input type="radio"/> SECTIONED SUBMITTED: <input type="radio"/> ENTIRELY <input type="radio"/> PARTIALLY

SUBMITTING PHYSICIAN \_\_\_\_\_ SEND COPY OF REPORT TO \_\_\_\_\_  
 (signature) \_\_\_\_\_ FAX \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_

SPECIMEN REQUIREMENTS: ALL SPECIMENS ARE TO BE SUBMITTED WITH THIS REQUISITION, IN FIXATIVE CONTAINERS LABELED WITH PATIENT NAME, DOB, AND BIOPSY SITE. PHYSICIAN OFFICES WILL BE CONTACTED WHEN SPECIMENS DO NOT MEET THESE REQUIREMENTS PRIOR TO PROCESSING.