DPMG PATHOLOGY SPECIMEN REQUISITION FORM

Diagnostic Pathology Medical Group, Inc.

CAP ACCREDITED

Clinician name and address

Customer Service and Courier Pickup
916-446-0424; Toll-free 800-464-0424
FAX 916-446-9330 www.dpmginc.com
3301 C Street, #200E, Sacramento, CA 95816

Form completed by: _____

Please fill out this form completely and place completed specimen label sticker on each container

Additional Copies of Report To (Name and Address): _____

Patient Name: Last, First			Date Biopsy Taken
Patient Address	City	Zip Code	Telephone Number
Date of Birth	Age	Sex	Social Security Number

SPECIMEN	BODY SITE	PROCEDURE	CLINICAL IMPRESSION AND/OR HISTORY
A	☐ EMB ☐ ECC	☐ shave ☐ punch ☐ IF ☐ stone analysis ☐ excision ☐ biopsy ☐ PAS only ☐ other: _____ ☐ w/margin ☐ no margin	
B	☐ EMB ☐ ECC	☐ shave ☐ punch ☐ IF ☐ stone analysis ☐ excision ☐ biopsy ☐ PAS only ☐ other: _____ ☐ w/margin ☐ no margin	
C	☐ EMB ☐ ECC	☐ shave ☐ punch ☐ IF ☐ stone analysis ☐ excision ☐ biopsy ☐ PAS only ☐ other: _____ ☐ w/margin ☐ no margin	
D	☐ EMB ☐ ECC	☐ shave ☐ punch ☐ IF ☐ stone analysis ☐ excision ☐ biopsy ☐ PAS only ☐ other: _____ ☐ w/margin ☐ no margin	
E	☐ EMB ☐ ECC	☐ shave ☐ punch ☐ IF ☐ stone analysis ☐ excision ☐ biopsy ☐ PAS only ☐ other: _____ ☐ w/margin ☐ no margin	
F	☐ EMB ☐ ECC	☐ shave ☐ punch ☐ IF ☐ stone analysis ☐ excision ☐ biopsy ☐ PAS only ☐ other: _____ ☐ w/margin ☐ no margin	

For Bone Marrow Specimens - please enclose a copy of the patient's CBC

Prior tissue/Pap Reports? ☐ Yes ☐ No Indicate accession # _____ Attach report if available.

ICD-10 Diagnosis Code (Required for all specimen referrals): _____

INSURANCE ☐ Copy of insurance card(s) attached ☐ Cash pay patient

Patient full name required - Place completed specimen label sticker on each container

P00214906

Name (Last/First) _____ Date _____ Site _____ P00214906-1	Name (Last/First) _____ Date _____ Site _____ P00214906-2	Name (Last/First) _____ Date _____ Site _____ P00214906-3
Name (Last/First) _____ Date _____ Site _____ P00214906-4	Name (Last/First) _____ Date _____ Site _____ P00214906-5	Name (Last/First) _____ Date _____ Site _____ P00214906-6