DPMG PATHOLOGY SPECIMEN REQUISITION FORM

DIAGNOSTIC PATHOLOGY MEDICAL GROUP, INC.

CAP ACCREDITED

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: _____

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	MRN (if applicable)

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

SPECIMEN	BODY SITE	PROCEDURE	BREAST SPECIMEN	CLINICAL IMPRESSION AND/OR HISTORY
A	☐ ECC ☐ EMB	☐ shave ☐ excision ☐ punch ☐ biopsy ☐ IF ☐ PAS only ☐ stone analysis ☐ aspiration ☐ other: _____	Collection Time _____ am/pm Time in Formalin _____ am/pm	
B	☐ ECC ☐ EMB	☐ shave ☐ excision ☐ punch ☐ biopsy ☐ IF ☐ PAS only ☐ stone analysis ☐ aspiration ☐ other: _____	Collection Time _____ am/pm Time in Formalin _____ am/pm	
C	☐ ECC ☐ EMB	☐ shave ☐ excision ☐ punch ☐ biopsy ☐ IF ☐ PAS only ☐ stone analysis ☐ aspiration ☐ other: _____	Collection Time _____ am/pm Time in Formalin _____ am/pm	
D	☐ ECC ☐ EMB	☐ shave ☐ excision ☐ punch ☐ biopsy ☐ IF ☐ PAS only ☐ stone analysis ☐ aspiration ☐ other: _____	Collection Time _____ am/pm Time in Formalin _____ am/pm	
E	☐ ECC ☐ EMB	☐ shave ☐ excision ☐ punch ☐ biopsy ☐ IF ☐ PAS only ☐ stone analysis ☐ aspiration ☐ other: _____	Collection Time _____ am/pm Time in Formalin _____ am/pm	
F	☐ ECC ☐ EMB	☐ shave ☐ excision ☐ punch ☐ biopsy ☐ IF ☐ PAS only ☐ stone analysis ☐ aspiration ☐ other: _____	Collection Time _____ am/pm Time in Formalin _____ am/pm	

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): _____

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

P00891448

Name (Last/First) _____ Date _____ Site _____ P00891448-1	Name (Last/First) _____ Date _____ Site _____ P00891448-2	Name (Last/First) _____ Date _____ Site _____ P00891448-3
Name (Last/First) _____ Date _____ Site _____ P00891448-4	Name (Last/First) _____ Date _____ Site _____ P00891448-5	Name (Last/First) _____ Date _____ Site _____ P00891448-6

LINER