



00000001



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CALL FAX

STAT

Completed by: _____

PATIENT INFORMATION Please Provide All Information below (Name on Requisition MUST Match Name on Specimen EXACTLY!)
FOR LAB USE ONLY LAB ID: RCV'D TIME/DATE: SPECIMENS RCV'D
Tissue Nail(s) Hair Scrapings Fluid Sterile container, no additive Sterile container with moistened gauze Sterile container with saline 10% buffered formalin container DIF: Michel's media or Zeus solution ExCell Plus container eSwab RPMI Preservative

DERMATOPATHOLOGY TISSUE EXAM REQUEST – Label should include patient first name, last name and unique ID number (birth date, MRN or requisition number, etc.) and specimen designation or source for multiple specimens

PREVIOUS PATHOLOGY CASE # _____

8090000 HISTOLOGIC PATHOLOGY

Table with columns: SPECIMEN/SOURCE/SITE, OTHER, CURETTE, EXC, PUNCH, SHAVE BX, SHAVE REMOVAL, CLINICAL IMPRESSION, ICD10, For Tumor, For Rash, Pigment. Rows A through E.

SPECIAL INSTRUCTIONS CLINICAL HISTORY OTHER TESTING
6000130 Acid Fast Bacilli Direct (AFB)
6000153 Bacterial (Aerobic) Culture and Stain
6000325 Fungus Culture for hair, skin scrapings or nail
6000300 Fungus Culture for fluid, tissue or wounds
Fungal Stain for Onychomycosis/Other
DIF PANEL
OTHER

Physician authorizes PLA to perform all appropriate laboratory services related to this specimen(s) and to bill payor/patient as directed.