Required Information is Highlighted

CellNetix Pathology & Laboratories

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Tukwila, WA 98168

Toll Free (866) 236-8296
Billing (877) 340-5884

WWW.CELLNETIX.COM

01-07-2022

## Patient Information

| PATIENT LAST NAME | FIRST | M.I. | BIRTH SEX | GENDER ID |
|---|---|---|---|---|
| | | | ☐M ☐F ☐X | ☐M ☐F ☐X |

| PATIENT D.O.B. | PATIENT SOCIAL SECURITY NUMBER | PHONE | RACE/ETHNICITY |
|---|---|---|---|
| | | | |

| STREET ADDRESS | | |
|---|---|---|
| CITY | STATE | ZIP |
| | | |

## Specimen Information

| COLLECTION DATE | TIME |
|---|---|
| | |

ICD-10 CODE(S)

## Referring MDs

CC report to: First and Last Names

## Billing Information

| INSURANCE COMPANY NAME AND ADDRESS | | |
|---|---|---|
| CITY | STATE | ZIP |
| | | |

| INSURANCE/SUBSCRIBER ID# | SUBSCRIBER NAME/RESPONSIBLE PARTY |
|---|---|
| INSURANCE/GROUP# | MEDICARE# ☐ PRIMARY ☐ SECONDARY |
| SECONDARY | MEDICAID (coupon attached) |
| ☐ NO INSURANCE | WORKER'S COMP ☐ YES ☐ NO |

INTERNAL USE ONLY

## HISTOLOGY

TISSUE SPECIMENS (HISTOLOGY)

Time in Formalin

A) _____ _____
B) _____ _____
C) _____ _____
D) _____ _____
E) _____ _____
F) _____ _____

CLINICAL HISTORY / OTHER INFORMATION:

_____
_____
_____
_____
_____
_____

ADDITIONAL TESTING:

_____
_____
_____
_____
_____
_____

04-22-2015