Required Information is Highlighted

CellNetix Pathology & Laboratories
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Billing (877) 340-5884
WWW.CELLNETIX.COM
07-21-2025

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	MRN	RACE/ETHNICITY

STREET ADDRESS			
CITY	STATE	ZIP	PHONE

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

DERMATOPATHOLOGY

☐ Consult Request ☐ Technical Only ☐ Global -Technical & Professional

Specimen A: ☐ Shave Bx ☐ Ellipse ☐ Punch Bx ☐ Check Margins ☐ Excision ☐ DIF ☐ Shave Removal	Site: Number of Pieces:	Clinical Findings & Diagnosis: ☐ Special Stains:
Specimen B: ☐ Shave Bx ☐ Ellipse ☐ Punch Bx ☐ Check Margins ☐ Excision ☐ DIF ☐ Shave Removal	Site: Number of Pieces:	Clinical Findings & Diagnosis: ☐ Special Stains:
Specimen C: ☐ Shave Bx ☐ Ellipse ☐ Punch Bx ☐ Check Margins ☐ Excision ☐ DIF ☐ Shave Removal	Site: Number of Pieces:	Clinical Findings & Diagnosis: ☐ Special Stains:
Specimen D: ☐ Shave Bx ☐ Ellipse ☐ Punch Bx ☐ Check Margins ☐ Excision ☐ DIF ☐ Shave Removal	Site: Number of Pieces:	Clinical Findings & Diagnosis: ☐ Special Stains:

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