PATHOLOGY ASSOCIATES OF SAINT THOMAS, LLC

DERMATOPATHOLOGY REQUEST

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Nashville, TN 37205

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PATIENT INFORMATION

Patient Name (Last) (First) | DOB

Address

City | State | Zip Code

Phone Number | Sex M F | SS#

Please attach a copy of the insurance card.

❑ ***Bill Patient*** ❑ ***Bill Physician*** ❑ ***Bill Insurance***

PHYSICIAN INFORMATION

Physician Name & Address

Phone/Fax

Physician Signature | Date

SPECIMEN INFORMATION

Specimen A

❑ **Routine Processing**
❑ **Alopecia Protocol**
❑ **Direct Immunofluorescence Examination** (submit in Michel's)

Site | Procedure | Collection Date

Patient History/Clinical Findings (Required)

ICD-10 Code

Specimen B

❑ **Routine Processing**
❑ **Alopecia Protocol**
❑ **Direct Immunofluorescence Examination** (submit in Michel's)

Site | Procedure | Collection Date

Patient History/Clinical Findings (Required)

ICD-10 Code

Specimen C

❑ **Routine Processing**
❑ **Alopecia Protocol**
❑ **Direct Immunofluorescence Examination** (submit in Michel's)

Site | Procedure | Collection Date

Patient History/Clinical Findings (Required)

ICD-10 Code

Specimen D

❑ **Routine Processing**
❑ **Alopecia Protocol**
❑ **Direct Immunofluorescence Examination** (submit in Michel's)

Site | Procedure | Collection Date

Patient History/Clinical Findings (Required)

ICD-10 Code

Specimen E

❑ **Routine Processing**
❑ **Alopecia Protocol**
❑ **Direct Immunofluorescence Examination** (submit in Michel's)

Site | Procedure | Collection Date

Patient History/Clinical Findings (Required)

ICD-10 Code

Additional testing may be performed if the reviewing pathologist determines that such tests are medically necessary to render a diagnosis.