UR MEDICINE | Labs

# Specimens:		
Collect Date:	Time:	By:
MR #:		A #:

REQUIRED (PRINT OR PATIENT LABEL)

Name(Last, First, MI)

Date of Birth | Sex:(circle) M F

Street Address

Street Address 2

City, State, Zip

Phone Number | Chart Number

☐ **Registration Information:**
Plan Code: L590
Client Name: BHC

☐ **INSURANCE BILL:**

__Aetna __Medicaid __MVP Gold
__Blue Cross/Shield __Medicare __Other _____
__Blue Choice __MVP
__Blue Choice Medicare

1. Primary Contract #: _____
Subscriber's Name: _____
Relationship to Subscriber: _____

Bassett Health Dermatology **[2BHC]**
1 Atwell Rd
Cooperstown, NY 13326
PHONE: (607) 547-6542 FAX: (607) 547-7662

- ☐ (BNM0A) Bravin, Marina MD
- ☐ (GTB3A) Grant, Briget MD
- ☐ (RKS1A) Resnick, Steven MD
- ☐ (FKP3A) Franck, Patrick PA
- ☐ (KYP7A) Kennedy, Patricia PA

Phone Results to: Fax Results to:

Ordering Provider's Signature
Date of Signature

Diagnosis Mandatory: Signs/Symptoms or ICD10 Codes
If ordered for screening, list test name here and write "SCREENING" after it

Send Additional Reports To: (Full Name/Address)

Compliance is Mandatory and Regulated. For the laboratory to bill properly and receive payment for tests ordered on Medicare Beneficiaries, specific ICD-10 code(s) or a descriptive diagnosis must be included on each patient for each test ordered.It is critical that the diagnosis provided to the lab is consistent with those recorded in the patient medical record on the date of service.

ROUTINE HISTOLOGY-FORMALIN FIXED

Biopsy Date:
Collection Time:

BIOPSY SITE (DESCRIBE SITE OF BIOPSY PRECISELY):

RELEVANT CLINICAL HISTORY (REQUIRED)
DIFFERENTIAL DIAGNOSIS/SPECIFIC QUESTIONS/LAB TESTS:

DIRECT IMMUNOFLUORESCENCE (DIF)

Michel's Transport Fluid (zeus Medium) (Formalin-fixed tissue cannot be processed for direct immunofluorescence.)

Biopsy 1 ☐ Skin ☐ Mucosa (oral) ☐ Eye

☐ Punch ☐ Involved ☐ Sun Exposed
☐ Shave ☐ Perilesional
☐ Excision ☐ Uninvolved ☐ Non Sun Exposed

Anatomic Site _____

Biopsy 2 ☐ Skin ☐ Mucosa (oral) ☐ Eye

☐ Punch ☐ Involved ☐ Sun Exposed
☐ Shave ☐ Perilesional
☐ Excision ☐ Uninvolved ☐ Non Sun Exposed

Anatomic Site _____

Presumptive Diagnosis _____

Clinical Information _____

SURGICAL PATHOLOGY SPECIMENS - TELEPHONE 585-275-3191