



Written By	<b>ANATOMIC PATHOLOGY REFERRAL</b>	<b>Accession Number (Lab Use Only)</b>
	T3	

PATIENT NAME:		
PT Soc Sec:	PT DOB:	PT Gender:
Resp Party:		
PT Phone:	Employer:	
PT Address:		
City:	State:	Zip:
Primary Insurance:	Policy #	
Insurance Address:	Group #	
Name of Insured:	Insured DOB:	Employer:
Secondary Insurance:	Policy #	
Insurance Address:	Group #	
Name of Insured:	Insured DOB:	Employer:
<b>DATE SPECIMEN OBTAINED</b>	<b>SURGEON</b>	<b>HOSPITAL/CLINIC:</b>
PRE-OP DIAGNOSIS:	POST-OP DIAGNOSIS:	
<b>LABEL ALL CONTAINERS WITH PT NAME AND SPECIMEN SITE</b>		
A.	B.	C.
D.	E.	F.
G.	H.	I.
HISTORY/REMARKS		

**GENERAL SURGICAL PATH**

- \_\_\_ 88300 Surg path I
- \_\_\_ 88302 Surg path II
- \_\_\_ 88304 Surg path III
- \_\_\_ 88305 Surg path IV
- \_\_\_ 88307 Surg path V
- \_\_\_ 88309 Surg path VI
  
- \_\_\_ 88304 Derm path III
- \_\_\_ 88305 Derm path IV
  
- \_\_\_ 88311 Decalcification
- \_\_\_ 88312 Spec stain microorg
- \_\_\_ 88313 Special stain II
- \_\_\_ 88329 ORC w/o micro
- \_\_\_ 88331 ORC micro diag
- \_\_\_ 88332 Addl block FS
- \_\_\_ 88342 Impox stain
- \_\_\_ 88360 Impox quant

- \_\_\_ 88161 Touch smear eval
- \_\_\_ 88333 Touch, Imm, study
- \_\_\_ 88334 Touch, Imm, study, addl site
- \_\_\_ 76098 Tissue x-ray review

**BONE MARROW CASE**

- \_\_\_ 38220 Extract aspirate
- \_\_\_ 38221 Extract core bx
- \_\_\_ 85097 Aspirate smear eval
- \_\_\_ 88161 Touch smear eval
- \_\_\_ 88311 Decalcification
- \_\_\_ 88305 Core bx eval
- \_\_\_ 88305 Particle clot eval
- \_\_\_ 85060 Periph smear eval
- \_\_\_ 88313 Iron stain each
- \_\_\_ 88313 Other stain each
- \_\_\_ 88319 Histochem stain enzyme
- \_\_\_ 88342 Impox stain

**NON-GYN CYTOLOGY**

- \_\_\_ 88104 Direct smear eval
- \_\_\_ 88108 Cytospin eval
- \_\_\_ 88305 Cell block eval
- \_\_\_ 88162 Extended study
- \_\_\_ 88312 Special stain microorg

**FINE NEEDLE CASE**

- \_\_\_ 88172 Immediate study
- \_\_\_ 88173 Specimen eval
- \_\_\_ 88108 Addl specimen eval
- \_\_\_ 88305 Cell block eval
- \_\_\_ 88342 Impox stain each
- \_\_\_ 88313 Special stain each
- \_\_\_ 88312 Spec stain microorg

**CLINICAL PATHOLOGY**

- \_\_\_ 89060 Crystal ID
- \_\_\_ 88321 Consult ref slides <7
- \_\_\_ 88325 Consult ref slides >7
- \_\_\_ 88365 FISH

**PLEASE ATTACH A COPY OF THE PATIENT'S BILLING INFORMATION FACE SHEET**

PATHOLOGY ASSOCIATES OF IDAHO FALLS, PA  
IDAHO FALLS, ID  
Phone (208) 529-6050 Fax (208) 529-7085  
Accounts (208) 529-9779