

Client:_____ Phone:_____

SSM Health
ST MARY'S
LABORATORY
SERVICES
700 S Park Street
Madison, WI 53715
608-258-6917

Name:_____

DOB ____/____/____ Sex M F

Attending Physician _____

Ordering Phys/Surgeon _____

Accession/Lab ID# _____

FOR MEDICARE/MEDICAL ASSISTANCE PATIENTS PLEASE COMPLETE ADDRESS AND INSURANCE INFORMATION BELOW

(Patient Street Address) _____		(City) _____	(State) _____	(Zip) _____
Primary Ins. (MC/MA) Carrier _____	MC/MA # _____	Supplemental Ins. Carrier _____	Policy # _____	Group # _____

<p>Medicare regulations mandate that a medical justification (ICD code) be assigned for each test requested. Please indicate an ICD code in the space provided below.</p> <p>Date Of Surgery: _____</p> <p>Pre-Op diagnosis (with ICD Code): _____</p> <p>_____</p>	<p><i>Lab Use Only</i></p> <p><i>Pathology</i></p> <p><i>Case # Label</i></p>
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Specimen 1: _____
Specimen 2: _____
Specimen 3: _____
Specimen 4: _____

√	TEST NAME	√	TEST NAME
	<u>Surgical Pathology</u>		<u>Flow Cytometry</u>
	5130 Biopsy Tissue		5439 DNA Analysis
	5130 Frozen Section		6848 Leuk-Lymph Eval
	5130 Slide Consult		6843 T + B Cells Subset
	5400 Fine Needle Aspirate		5433 T Cell Lymph Subset
	5197 Slide Prep / Recut		5702 Chromosome Bone Marrow
			5128 Bone Marrow

<p>For breast specimens only (core biopsies, excisions, and mastectomies)</p> <p>Time Breast Specimen Placed in Formalin:</p> <p>_____</p>
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