



ACCU | REFERENCE MEDICAL LAB

1901 East Linden Ave, Suite 4, Linden, NJ 07036

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www.accureference.com

Specimen #

For Lab Use ONLY

Patient Information or ADDRESSOGRAPH HERE

Form fields for Patient Information: Last Name, First Name, M.I., M F, D.OB, Address (Street), Apt#, Floor, Room#, City, State, Zip, Telephone #, Care of/Guardian, Social Security #, Client Chart/Pt. ID#

Physician Date Ordered

Billing Information* fields: Bill Medicare, Bill Medicaid, Bill Insurance, SELF, SPOUSE, CHILD, OTHER

Insurance Name, Insurance ID#, Group #/Category #, Insured Name (if different from patient)

Insurance Address, City, State, Zip, Telephone #

ICD9/Diagnosis Codes, Doctor's Signature

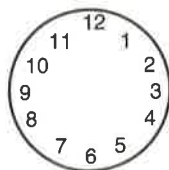
TYPE OF SPECIMEN

- Checkboxes for specimen types: RIGHT BREAST, LEFT BREAST, POC, VULVA, VAGINA, CERVIX, ECC, ENDOMETRIUM, CURETTE, PIPELLE, STOMACH, COLON, ANUS, SKIN, ESOPHAGUS, SMALL INTESTINE, ORAL CAVITY, BONE MARROW, SCALP, MARROW CLOT (FORMALIN), MARROW SMEAR, PERIPHERAL SMEARS

LEFT PROSTATE- APEX MID BASE RIGHT PROSTATE APEX MID BASE

OTHER LOCATION

FOR COLPOSCOPY, CIRCLE LOCATION



COLPOSCOPY FINDINGS

NUMBER OF TISSUE FRAGMENTS SUBMITTED: CHECK IF BIOPSY IS < THAN 1MM

- Checkboxes for biopsy types: SHAVE BIOPSY, PUNCH BIOPSY, PARTIAL EXCISION, CURATIVE EXCISION WITH MARGINS

SIMILAR LESIONS PRESENT: SOLARITY SEVERAL NUMEROUS

PREVIOUS BIOPSIES: SPECIMEN NO. / DATES:

PREVIOUS BIOPSIES AT SAME SITE: PREVIOUS DX:

G.I. SPECIMENS: BLEEDING PAIN

GYN SPECIMENS: LMP: BLEEDING HORMONES

PREVIOUS PAP DX: PAP NO:

PERTINENT HISTORY: CLINICAL DX:

FOR LABORATORY USE: