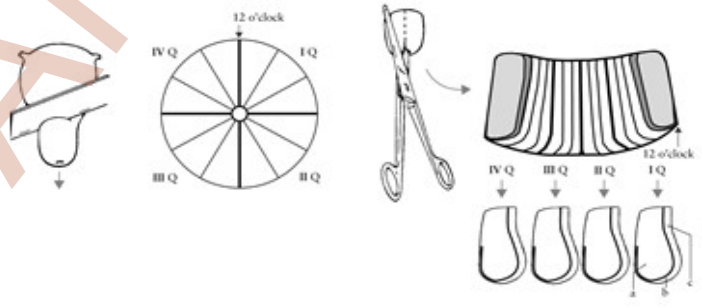
MedPath Diagnostics
Medical Pathology Laboratory
1735 North Ocean Ave, Medford, NY 11763

Requisition#: ……
Service Type:
☐ **Global** ☐ **TC** ☐ **PC**

Requesting Physician	Patient Information	Billing Information
…….. …….. …….. Please send duplicate report to:	Name: …… DOB: …….. Gender : M / F Address: …….. …….. Tel: ……..	Insurance: …… Insured Name: …… Member ID: …….. ☐Self ☐ Spouse ☐ Dependent
Referring Physician	**Medical Record**	**Specimen Collection**
Name: ……	EMR: ……..	Date: …… Authorized Person ID: ……...
Pertinent Clinical Information	……	CD-10 Code ……

Tissue Sample	Label	Procedure	History
- Endocervical curettage (ECC) - Endometrium biopsy - Punch biopsy - Cone biopsy - …… - …… - …… - ……	…… …… …… …… …… …… …… …… …… …… …… …… …… …… …… ……	…… …… …… …… …… …… …… …… …… …… …… …… …… …… …… ……	History: ☐ Hysterectomy ☐ Postmenopausal ☐ Pelvic radiation ☐ No PAP w/in 7 years ☐ Postmeno, Bleeding ☐ Postcoital Bleeding ☐ Abnl PAP w/in 3 years ☐ Gyn Malignancy ☐ Abnl Gyn exam ☐ Postpartum ☐ Hormone Therapy ☐ Other



Cone Biopsy

Procedures: ☐ biopsy ☐ punch ☐ shave ☐ polypectomy ☐ curetting [other] ……..
Specimen Orientation: Anterior (Ventral), Posterior (Dorsal), Superior, Inferior, Medial, Lateral, Proximal, Distal, Superficial, Deep

SAMPLE ONLY