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PROVIDER

Attach a copy of patient facesheet and insurance card

GENERAL SURGICAL PATHOLOGY REQUISITION

102722v1

PATIENT INFORMATION - Complete the form, attach patient demographic sheet & insurance card

Last Name _____ First Name _____ M.I. _____
 D.O.B. ____/____/____ Sex Male Female Insurance _____

DATE OF COLLECTION	TIME	CLINICAL IMPRESSIONS AND DIAGNOSIS (ICD-10 Required)
____/____/____	____ AM / PM	

DERMATOPATHOLOGY TEST REQUESTS

	SHAVE	PUNCH	CURRETTE	BIOPSY	EXCISION	RE-EXCISION	LEFT	RIGHT	CLINICAL DESCRIPTION / PRIOR PATHOLOGY
	(S)	(P)	(C)	(B)	(E)	(RE)	(L)	(R)	
A	Specimen Site								
B	Specimen Site								
C	Specimen Site								
D	Specimen Site								

SPECIALTY TESTING

In situ hybridization for HPV High Risk (16, 18, 26, 31, 33, 34, 35, 39, 45, 51, 52, 53, 56, 58, 59, 66, 67, 68, 68a, 68b, 69, 70, 73, 82) Low Risk (6 and 11)

PROVIDER SIGNATURE

I certify that all test(s) ordered above are medically necessary for patient management and documentation to support medical necessity should be available in the patient's medical chart and made available upon request.

I have read and agree to the above Provider statement
 X _____ Date: ____/____/____

PATIENT SIGNATURE

I agree that the specimen identified on this order is my own and I have not altered it in any way. I certify that I am voluntarily submitting this specimen for analysis by my healthcare provider and/or authorized third party lab. I authorize Convergent Laboratories to perform diagnostic testing as ordered by my physician and to bill my insurance, accept assignment of benefits, and appeal claims on my behalf for these services. I authorize my insurance benefits to be paid to Convergent Diagnostics, LLC and affiliates for the services(s) I have received and acknowledge that I may be responsible for deductibles, co-insurance, and/or co-pays for services which have been requested by my healthcare provider.

I have read and agree to the above Patient statement
 X _____ Date: ____/____/____

▼ SPECIMEN LABELS Complete the below and attach to specimen bag/container(s) ▼

CONVERGENT LABS	SPECIMEN A	S/N: _____	CONVERGENT LABS	SPECIMEN B	S/N: _____	CONVERGENT LABS	SPECIMEN C	S/N: _____	CONVERGENT LABS	SPECIMEN D	S/N: _____
	Name: _____			Name: _____			Name: _____			Name: _____	
	DOB: _____			DOB: _____			DOB: _____			DOB: _____	
	Source: _____			Source: _____			Source: _____			Source: _____	

Serial # Specimen container must include patient name, date of birth, and source.