

**CONTRACTED FACILITIES ONLY - Facility, Address & Telephone:**



**Brown &  
Associates**

**medical laboratories, L.L.P.**

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## ANATOMIC PATHOLOGY REQUEST FORM

Billing To:	
<input type="checkbox"/> Clinic	<input type="checkbox"/> Patient/Patient's Insurance
<input type="checkbox"/> Hospital	<input type="checkbox"/> Physician

Physician's Name (Last) (First) (MI)	
UPIN	NPI #

Patient's Name (Last) (First) (MI)	Race	Sex	Date of Birth	Medical Record #
Patient's Address	City	State	Zip	Phone
Patient's Relationship to Guarantor	Name of Guarantor (if different from patient)		Sex	Date of Birth
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other				
Guarantor's Address	City	State	Zip	Phone
Insurance Name	Address	City	State	Zip
Subscriber/Member #	Group #	Guarantor's Employer Name		Guarantor's SSN
Medicare # (include prefix/suffix)	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Medicaid #	State	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary

## SURGICAL PATHOLOGY AND NON-GYNECOLOGICAL CYTOLOGY

Specimen Collection	Time	:	am or pm						
Formalin Immersion	Time	:	am or pm	Date				ICD-9 Code/Diagnosis	

Non-Gynecological Cytology Specimen Source (Check All That Apply):

<input type="checkbox"/> BODY FLUID:	<input type="checkbox"/> Right Pleural	<input type="checkbox"/> Left Pleural	<input type="checkbox"/> Peritoneal	<input type="checkbox"/> Cerebrospinal	<input type="checkbox"/> Pericardial
<input type="checkbox"/> BRONCHIAL: (subsite: _____ lobe)	<input type="checkbox"/> Wash	<input type="checkbox"/> Brush	<input type="checkbox"/> Lavage	<input type="checkbox"/> Aspirate	
<input type="checkbox"/> FNA (site: _____)	<input type="checkbox"/> SPUTUM	<input type="checkbox"/> URINE	<input type="checkbox"/> OTHER		

**Surgical Pathology Tissue/Site/Source (Please List):**

1 (a)	6 (f)
2 (b)	7 (g)
3 (c)	8 (h)
4 (d)	9 (i)
5 (e)	10 (j)

Clinical Suspensions

**Pertinent Clinical Hx**

Additional Tests/Special Instructions

Previous Biopsy? ☐ Yes ☐ No Date \_\_\_\_\_ Accompanying Non-Gyn Cytology? ☐ Yes ☐ No