

CyPATH[®] LUNG REQUISITION



Tech Initial:

Date/Time:

Accession #:

Laboratory Use Only:

Please affix bar codes to collection cup provided to patient in the

CyPath[®] Lung Sputum Sample Collection Kit.

PATIENT INFORMATION

CLIA: 45D1064267 CAP: 7221111

www.precisionpath.us P: 210-646-0890 F: 210-646-9191

SPECIMEN NO: 00000001

CL	IEN	T INI	FOR	MAT	ION

Practice or Equility Name:		Last Name:			
Practice or Facility Name:	Client ID #	First Name:			
Address:	Sticker	Date of Birth: / / /	Male 🗆 Female 🗆		
Addless.		Medical Record Number:			
 Date:		Address:			
Requisition Completed By:		City: State: Zip:			
Ordering Physician:		Phone:			
Treating Physician:					
Authorized Signature:		Clinical Diagnosis / Reason for Referral):			
Discharge Date (if applicable):					
BILLING INFORMATION		Smoking History Smoking Years:	Pack Years:		
Private Insurance Front & Back of Insurance	Card Attached: V	Quit Smoking (>15 years):			
Medicare Medicaid Self-Pay		ICD-10 Codes Dx1:			
Hospital/Client (direct billing)		LDCT or Imaging Report Attached: Y I N/A I			
Name of Insurance Carrier:					
		SPECIMEN REQUIREMENTS			
Name of Insured (guarantor):		Sample Type: Sputum	Test Name: CyPath [®] Lung		
			ed Amount		
	Zip:	Patients collect sputum at home over 3 consecutive days; they may collect for			
Member ID: Group		more than 3 days if they do not see mucus secretions. The goal is to obtain			
Phone:			the patient believes collection efforts have		
SPECIMEN RETRIEVAL		produced only saliva or spit, please try again later in the day, or collect for an additional 1-to-2 days to obtain sputum that consists of thick mucus secretions.			
Patients will be instructed in how to collect their sputu	m sample at home and	TEST ORDERING			
return it using the FedEx Clinical Pak contained in the		Clinical Pathology Consult			
Sample Collection Kit.		V CyPath [®] Lung			
Samples are received Monday-Saturday.		Flow Cytometry Analysis of Sputum for the Diagnosis of Solid Tumors			

For questions related to collection and shipment, please call 1-855-MYLUNGS (1-855-695-8647).

last four digits: _

Shipping Tracking No.

Precision Pathology Services 3300 Nacogdoches Road #110 • San Antonio, TX 78217

Our hours of operation are Monday-Friday 8:00am to 6:00pm (CST). To reach our laboratory, please call 210-646-0890 or toll free at 888-646-0890 r. 8/27/2021

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