601 West Hwy 6, Suite 111
Waco, Texas 76710
(254) 752-9621 / (800) 634-7698
FAX: (254) 756-2047
CAP # 2098801
CLIA# 45D0488603
www.clinpathassoc.com

Clinical Pathology Associates

CPA Accession Number	Date Received

Patient Information (Please Print or Type)

Last Name _____ First Name _____ MI _____

Patient Record Number _____ Social Security Number _____

Age _____ Date of Birth _____ Sex ☐ M ☐ F Race _____

Address _____

City, State, Zip Code _____ (____)_____ Phone Number

Physician Information

Physician(s) _____

Office, Clinic, Hospital _____

Address _____

City, State, Zip Code _____

(____)_____ Phone Number (____)_____ FAX Number

Billing Information (Attach Copy of Insurance Card or Hospital Face Sheet)

Bill: ◯ Insurance ◯ Clinic ◯ Hospital ◯ Physician ◯ Medicare _____

◯ Medicaid _____ ◯ Worker's Comp_____

◯ Patient – Private Pay Agreement: I understand Central Texas Pathology Laboratory is accepting me as a private pay patient for the period of _____, and I will be responsible for any service I receive. The provider will not file a claim to Medicaid for services.

Patient's Signature: Date:

Primary Insurance Information

Ins Co. Name: _____

Ins. Co. Address & Phone _____

Name of Policy Holder: _____

Certificate No.: _____ Group No.: _____

Relevant ICD-9 Codes(s)

ICD-9 Code(s) [this specimen(s)]: _____.

Previous ICD-9 Code(s): _____.

Secondary Insurance Information

Ins Co. Name: _____

Ins. Co. Address & Phone _____

Name of Policy Holder: _____

Certificate No.: _____ Group No.:_____

Specimen Type and Required Information

Surgical Pathology / Dermatopathology / Non-GYN Cytopathology

Date Obtained: _____ Breast Specimen-Time out of body: _____ Time placed in Formalin: _____

CLINICAL HISTORY:_____

_____.

Sites:

A. _____ I: _____ _____

B. _____ J: _____ _____

C. _____ K: _____

D. _____ L: _____ _____

E. _____ M: _____

F. _____ N: _____

G. _____ O: _____

H. _____ P: _____

Biopsy Type: ☐ Curettage ☐ Excision ☐ Incision ☐ Needle ☐ Punch ☐ Scissor ☐ Shave ☐ Other _____

GYN-Cytopathology

Date Specimen Obtained: _____

Specimen: ◯ Cervix ◯ Endocervix ◯ Vaginal ◯ Vag. Cuff (Hyst.)

Clinical Data: ◯ Normal ◯ Hormone Rx _____

◯ PP, _____WK. ◯ Pregnant ◯ Post Menopausal ◯Other_____

LMP: _____ Hormone Evaluation: _____

Previous Abnormal Cytology: ◯ Yes (◯CPA ◯ Other Lab ◯ Date _____)

◯ No Where:

Molecular Pathology

HPV (Human Papilloma Virus)

◯ HPV - High Risk (regardless of cytology result)

◯ HPV - High Risk (ASCUS/AGUS cytology result)

◯ HPV – High Risk (any abnormal cytology result)

◯ HPV – Genotype 16 / 18

GC (Neisseria gonorrhoeae) / Chlamydia (Chlamydia trachomatis) / Trichomonas

◯ GC/Chlamydia (Thin Prep/swab) ◯ GC/Chlamydia (Urine)

◯ Trichomonas (Thin Prep/swab)