PRECISION PATHOLOGY
"A Spirit of Excellence"

SURGICAL PATHOLOGY REQUISITION

PPS Use Only:
Tech Initial: _____
Result ID: _____
Date/Time: _____

PPS Accessioning Department Only

PATIENT INFORMATION

Last Name	First Name	M.I.
Street Address		Apt. #
City	State	Zip
Patient Phone Number	Patient Social Security Number	
Date of Birth / /	Age	Sex	Client ID #

BILLING / INSURANCE (or attach copy of insurance card - both sides)

☐ Insurance Information is Attached ☐ Bill Physician Facility

ICD-10 CODE (Required)

NOTICE

For the following diagnoses, biomarker testing will be performed, per NCCN and CAP/ASCO guidelines: Breast adenocarcinoma (ER/PR/HER2); Colorectal cancer (MMRd by IHC); Adeno NSCLC (PD-L1, EGFR mutation analysis).

COMMENTS / RULEOUTS

CLIENT INFORMATION

Treating Physician	UPIN #

Physician's Signature X _____

Send Duplicate of Report to:

Name _____

Address/Fax _____

CLINICAL HISTORY

SPECIMENS

Collection Date and Time: _____ **Fixation Time:** _____

A _____ E _____

B _____ F _____

C _____ G _____

D _____ H _____

LILIA WOJCIK, MD, FCAP
LORINE LAGATTA, MD, FCAP
PEGGY N. STOLL, MD, FCAP, FASCP

ROBY P. JOYCE, MD, FCAP, FASCP
JAMES HUMPHREYS, MD, FCAP
SHELLY GUNN, MD, PHD

ELENA LAVROVSKAYA, MD, FCAP
PATRICIA G. JEFFREYS, MD, FCAP
LINDA HAUSENFLUKE, MD, FCAP, FASCP
HOWARD WEISBROD, MD, FCAP

VILLAGE OAKS PATHOLOGY SERVICES, PA dba PRECISION PATHOLOGY SERVICES
3300 NACOGDOCHES, STE 110, SAN ANTONIO, TX 78217
TEL: 210-646-0890 • FAX: 210-646-9191 • www.precisionpath.us • CAP No. 7221111