CyPath® Lung

PRECISION PATHOLOGY LABORATORY
"A Spirit of Excellence"

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

PPLS Accessioning Department Only

PATIENT INFORMATION

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

BILLING/INSURANCE

☐ Bill Patient Insurance *(Attach copy of insurance card, both sides)*
Pre-Authorization # _____
☐ Bill Patient directly / No insurance
☐ Bill physician facility

ICD-10 CODE (REQUIRED)

☐ R91.1 Solitary Pulmonary Nodule
☐ R91.8 Other non-specific abnormal finding of lung field
Other: _____

CyPath Lung TESTING

☐ CyPath® Lung with Acapella® Airway Assist Device
Flow Cytometry Analysis of Sputum for the Diagnosis of Abnormal finding of lung Field. If inconclusive or inadequate results, reflex to recollection and flow cytometry analysis of sputum.

CyPath Lung Collection Kit

☐ Kit Provided to patient IN OFFICE
☐ Kit to be SHIPPED to patient
☐ Confirm patient address listed above. If different, enter below

Shipping Address	Apt. #
City / State	Zip

Physician's Office Instruction

☐ Write patient name and date of birth on specimen cup if providing patient kit direct
☐ Provide patient with collection card and patient coach information. Patient Coach will reach out to patient to train and schedule 3-day collection plan listed below.

3 Day Collection Plans:

- Sunday, Monday, Tuesday
- Monday, Tuesday, Wednesday
- Tuesday, Wednesday, Thursday
- Saturday, Sunday, Monday

Ship Date: Last day of collection

CLIENT INFORMATION

Client Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____

Treating Physician	UPIN #

Physician's Signature X_____

Send Duplicate of Report to:
Name _____
Address/Fax _____

CLINICAL HISTORY (REQUIRED)

Smoking History:
Smoking Years: _____ Pack Years: _____
Quit Smoking (>15 years): ☐ Yes ☐ No

Low-dose CT or Imaging available
☐ Yes ☐ No
If yes, please attach copy.

NOTES:

☐ No Acapella® Airway Assist Device Provided

_____
_____
_____
_____
_____

Precision Pathology Laboratory 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**

Please email completed requisition to reference@precisionpath.us or fax to 210-646-9191
Please write patient name and date of birth on specimen cup